


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90016 004 \*\*\*\*70.00

**DOCUMENT # 738263**

1. Entity Name  
 FEATHER SOUND-TOWNHOUSE PHASE I  
 HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
 13894 LAKEPOINT DRIVE  
 CLEARWATER, FL 33762

Mailing Address  
 13894 LAKEPOINT DRIVE  
 CLEARWATER, FL 33762

40062247



01022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1804163

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SURPRENANT, WALTER  
 13956 LAKE POINT DRIVE  
 CLEARWATER, FL 33762

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> BROWN, BETSY 13922 LAKEPOINT DRIVE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> ALDERSON, ANNETTE 14072 LAKE POINT DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> SURPRENANT, WALTER 13956 LAKE POINT DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> KENTY, KERSTIN 13979 LAKE POINT DR. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> BORDEN, TAMMI 13908 LAKE POINT DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> ETMAN, DOUG 1399 LAKEPOINT DRIVE CLEARWATER, FL 33762

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WALTER SURPRENANT, TREASURER **3-17-2008** **(727) 299-9390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

