2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 738263

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

Current Principal Place of Business:

13894 LAKEPOINT DRIVE
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

13894 LAKEPOINT DRIVE
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-1804163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, BETSY
13922 LAKE POINT DRIVE
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BROWN, BETSY	
Address:	13922 LAKEPOINT DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	S	( ) Delete
Name:	ALDERSON, ANNETTE	
Address:	14072 LAKE POINT DR	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	T	( ) Delete
Name:	SURPRENANT, WALTER	
Address:	13956 LAKE POINT DR	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	P	( ) Delete
Name:	KENTY, KERSTIN	
Address:	13979 LAKE POINT DR.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	BORDEN, TAMMI	
Address:	13908 LAKE POINT DR	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	VP	( ) Delete
Name:	ETMAN, DOUG	
Address:	1399 LAKEPOINT DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. PEVZNER CPA 04/27/2009

Electronic Signature of Signing Officer or Director — Date