

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

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 739347

1. Entity Name
FEATHERWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**2710 NW 24 WAY
GAINESVILLE, FL 32605 US**

Mailing Address

**2710 NW 24 WAY
GAINESVILLE, FL 32605 US**



02252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAUL S CLAYTON
2703 N W 24TH TERRACE
GAINESVILLE, FL 32605**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000842625
03/11/08-80046-002 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CLAYTON, MARY
2703 NW 24 TERRACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMPSON, SALLY
2416 NE 23RD TERRACE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TURNER, PATRICIA
2710 NW 24 WAY
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Patricia R. Turner

PATRICIA R. TURNER

2/27/08 (352) 373-3610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #