

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739347

FILED
Mar 10, 2009
Secretary of State

Entity Name: FEATHERWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2710 NW 24 WAY
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

2710 NW 24 WAY
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PAUL S CLAYTON
2703 N W 24TH TERRACE
GAINESVILLE, FL 32605 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: S () Delete
Name: CLAYTON, MARY
Address: 2703 NW 24 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: THOMPSON, SALLY
Address: 2416 NE 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: TURNER, PATRICIA
Address: 2710 NW 24 WAY
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: KNAUF, ANN-MARIE
Address: 2716 NW 23 TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: P (X) Change () Addition
Name: ADAMS, DWIGHT
Address: 2507 NW 24TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: PATRICIA R. TURNER

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date