

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752208

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** FAIRWAY VILLAS AT FEATHER SOUND ASSOCIATION, INC

**Current Principal Place of Business:**

2400 LAKE PT LANE  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 LAKE PT LANE  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 59-2359440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAIDENBERG, LEE  
2457 LAKE POINT LA  
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: PD ( ) Delete  
Name: MAIDENBERG, LEE  
Address: 2457 LAKE POINT LA  
City-St-Zip: CLEARWATER, FL 33762

Title: T ( ) Delete  
Name: SEWELL, JOYCE  
Address: 2421 LAKE POINT LA  
City-St-Zip: CLEARWATER, FL 33762

Title: S ( ) Delete  
Name: CLEMMONS, DIANE  
Address: 2417 LAKE POINT LA  
City-St-Zip: CLEARWATER, FL 33762

Title: VP ( ) Delete  
Name: CONNORS, CHARLES  
Address: 2419 LAKE POINT LANE  
City-St-Zip: CLEARWATER, FL 33762

Title: AL ( ) Delete  
Name: EACHUS, DAVID  
Address: 2415 LAKE PONT LA  
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:

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: JOYCE SEWELL

TREA

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date