

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90246 028 ****61.25

DOCUMENT # 763243 1. Entity Name FEATHER POINTE ASSOCIATION, INC.					
Principal Place of Business C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR, SUITE 260 CLEARWATER, FL 33762 US				Mailing Address C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR, SUITE 260 CLEARWATER, FL 33762 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIOX, LAURENT 2333 FEATHER SOUND DR. A-703 CLEARWATER, FL 33762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFEZ, ALAN 2333 FEATHER SOUND DR., A703 CLEARWATER, FL 33762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 SMALL, JERRY 2333 FEATHER SOUND DR. C-508 CLEARWATER, FL 33762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWEN FAIRIDEY 14810 RUE DE BAYONNE # 3C CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEI, ERIC 14810 RUE DE BAYONNE, # 7-C CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVE HERRICK CLEARWATER, FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAYNAK, GEORGE 14810 RUE DE BAYONNE, 3H CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y MARTHA JACOBS 14820 RUE DE Bayonne # 305 CLEARWATER, FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, PAULETTE 14820 RVEDEBATONNE CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		