

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763243

FILED
Apr 22, 2009
Secretary of State

Entity Name: FEATHER POINTE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR, SUITE 260
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR, SUITE 260
CLEARWATER, FL 33762 US

New Mailing Address:

5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734 US

FEI Number: 59-2189257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

LANG & BROWN PA
5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734 US

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: SHAWN BROWN, PA

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BIOX, LAURENT
Address: 2333 FEATHER SOUND DR. A-703
City-St-Zip: CLEARWATER, FL 33762

Title: PD () Delete
Name: HAFEZ, ALAN
Address: 2333 FEATHER SOUND DR., A703
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: SMALL, JERRY
Address: 2333 FEATHER SOUND DR. C-508
City-St-Zip: CLEARWATER, FL 33762

Title: S () Delete
Name: FAIRDEY, GWEN
Address: 14810 RUE DE BAYONNE #3C
City-St-Zip: CLEARWATER, FL 33762

Title: T () Delete
Name: HERRICK, STEVE
Address: 14810 RUE DE BAYONNE 3H
City-St-Zip: CLEARWATER, FL 33762

Title: V () Delete
Name: JACOBS, MARTHA
Address: 14820 RUE DE BAYONNE #305
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
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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: ALAN HAFEZ

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date