

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763243

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** FEATHER POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N, SUITE 1012  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N, SUITE 1012  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 59-2189257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N,  
SUITE 1012  
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  
**Name:** CHALWICK, SANDRA  
**Address:** 4585 140TH AVE N, SUITE 1012  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** T  
**Name:** BURKE, TOM  
**Address:** 4585 140TH AVE N, SUITE 1012  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** S  
**Name:** SANTIAGO, NYDIA  
**Address:** 4585 140TH AVE N, SUITE 1012  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** D  
**Name:** BRANTA, BILL  
**Address:** 3001 EXECUTIVE DR, SUITE 260  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** D  
**Name:** MARSLAT, ASHLEY ELLIS  
**Address:** 3001 EXECUTIVE DR, SUITE 260  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** D  
**Name:** JENKINS, MICHAEL  
**Address:** 3001 EXECUTIVE DR, SUITE 260  
**City-St-Zip:** CLEARWATER, FL 33762

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA CHEVOLA CHALWICK

PD

02/29/2012

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

\_\_\_\_\_  
Date