
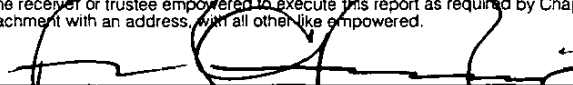


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 005 ****61.25

DOCUMENT # 770205 1. Entity Name FEATHER POINTE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US			Mailing Address 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 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	4. FEI Number 59-2508584	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALBRAITH, CHARLA J 3684 TAMPA RD STE 6 OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DVP KELLY, JEAN <input checked="" type="checkbox"/> Delete 14810 RUE DE BAYONNE 5A CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition BINNER, BURTON 14810 Rue de BAYONNE # 44 CLEARWATER FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete WATSON, STEVEN 14810 RUE D BAYONNE, # 2H CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WIENER, BRETT 14810 Rue de BAYONNE # 2A CLEARWATER FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete TENNANT, MARGARET 14810 RUE DE BAYONNE 5E CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O'DOURKE, LINDA 14810 Rue de BAYONNE # 50 CLEARWATER FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KELLY, KENNETH 14810 Rue de BAYONNE # 5A CLEARWATER FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BUCKI, CHERYL 14810 Rue de BAYONNE # 3G CLEARWATER FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  3-31-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> BURTON BINNER <small>Date</small>					