FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:51

DOCUMENT # G91715 (4)

1. Corporation Name
FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2408 STATE ROAD 60 EAST P.O. BOX 1035 VALRICO FL 33594-0703	2408 STATE ROAD 60 EAST P.O. BOX 1035 VALRICO FL 33594-0703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1984
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2410620 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COVNEY, EDWARD
214 LAURELCREST CIRCLE
VALRICO FL 33594

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE		☐ Change ☐ Addition
NAME	WILSON, ELVIS	12 NAME		
STREET ADDRESS	215 LAURELCREST CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	~~GWAGHER, JOHN~~	22 NAME	WILLIAM BRANDON	
STREET ADDRESS	~~823 LAURELCREST~~	23 STREET ADDRESS	2108 MIRAMONT CIR	
CITY-ST-ZIP	~~VALRICO FL~~	24 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SD	31 TITLE	S D	☒ Change ☐ Addition
NAME	~~BEARINGER, LORETTA~~	32 NAME	RITA NUTH	
STREET ADDRESS	~~109 JASON DR~~	33 STREET ADDRESS	2111 GREENSIDE DRIVE	
CITY-ST-ZIP	~~VALRICO FL~~	34 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SLAUGHTER, DANE	42 NAME		
STREET ADDRESS	128 ROBERT JAMES DR.	43 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BURNS, JOAN	52 NAME		
STREET ADDRESS	2103 GREENSIDE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	COVNEY, EDWARD	62 NAME		
STREET ADDRESS	214 LAURELCREST	63 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward M. Covney March 17 1995 813 681-7938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWARD M. COVNEY

0448037 FF