

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G91715** (4)
1. Corporation Name
FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2406 STATE ROAD 60 EAST
P.O. BOX 1035
VALRICO FL 33594-0700

Mailing Address

2406 STATE ROAD 60 EAST
P.O. BOX 1035
VALRICO FL 33594-3707

3. Date Incorporated or Qualified **03/16/1984** 3a. Date of Last Report **03/01/1996**

4. FEI Number **59-2410620** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COVNEY, EDWARD
214 LAURELCREST CIRCLE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ELVIS	1.2 NAME	
STREET ADDRESS	215 LAURELCREST CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, WILLIAM	2.2 NAME	JOSEPH LO PRESTI
STREET ADDRESS	2108 MIRAMONT CIRCLE	2.3 STREET ADDRESS	2129 RIDGECREST DR
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTH, RITA	3.2 NAME	
STREET ADDRESS	2111 GREENSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, DANE	4.2 NAME	
STREET ADDRESS	128 ROBERT JAMES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOAN	5.2 NAME	HELEN FROST
STREET ADDRESS	2103 GREENSIDE DRIVE	5.3 STREET ADDRESS	114 SUSAN PLACE
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVNEY, EDWARD	6.2 NAME	
STREET ADDRESS	214 LAURELCREST	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 **Feb 3 1997** **813-681-7338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)