## PIL'E NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

23

24

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

G91715

(4)

FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

Mailing Address Principal Place of Business 2406 STATE ROAD 60 EAST 2406 STATE ROAD 60 EAST P.O. BOX 1035 P.O. BOX 1035 DO NOT WRITE IN THIS SPACE VALRICO FL 33594-0703 VALRICO FL 33594-0703 3. Date Incorporated or Qualified <u>03/16/1984</u> 2. Principal Place of Business 2a. Mailing Address 59-2410620 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 

City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Žίρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 g. Name and Address of Current Registered Agent

COVNEY, EDWARD 214 LAURELCREST CIRCLE VALRICO FL 33594

FROST, HELEN

VALRICO FL

**414 SUSAN PLACE** 

COVNEY, EDWARD

214 LAURELCREST

	r bisolial i roperty rax due ourie oo:
	10. Name and Address of New Registered Agent
81	Name R. Chris Smith
82	Street Address (P.O. Box Number is Not Acceptable)  2128 Greymont Dr.
83	Valrico
84	City . 4 a 85 Zip Code

**FILED** 

Mar 20 1998 8:00am

Secretary of State

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 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, typed in mind variant of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) UATE								
12.	OFFICERS AND DIRECTORS	5 /	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIBECTORS IN 12	!		
TITLE	D	DELETE	1.1 TITLE	VPD	☑ Change ☐ Ad	dition		
NAME	WILSON, ELVIS		1.2 NAME	GERALD J. FERGOSON				
STREET ADDRESS	215 LAURELCREST CIRCLE		1.3 STREET ADDRESS	2206 RIDGECREST DR				
CITY-ST-ZIP	VALRICO FL		1.4 CITY - ST - ZIP	VALRICO PL 3359				
TITLE	PD	DELETE	2.1 TITLE	$ r_{P} $	Change Ad	dition		
NAME	Lopresti, Joseph		2.2 NAME	Richard N. Bistigs 2106 GROY MONT TA				
STREET ADDRESS	2129 RIDGECREST DR		2.3 STREET ADDRESS	2106 GRBY MONT The				
CITY-ST-ZIP	VALRICO FL		2. 4 CITY - ST - ZIP	VALRICOFI 3359+				
TITLE	\$D	DELETE	3.1 TITLE	S'D	✓ Change Ad	dition		
NAME	HUTH, RITA		3.2 NAME	Rosie FLCO				
STREET ADDRESS	2111 GREENSIDE DRIVE		3.3 STREET ADDRESS	Rosie KLCO Rosie KLCO Danny Drive Valrico, FL 33594				
CITY+ST-ZIP	VALRICO FL		3.4. CITY-ST-ZIP	Valrico, FL 33594				
TITLE	D	<b></b> MOELET <b>E</b>	4.1 TITLE	I D .	☑ Change ☐ Ad	dition		
NAME	SLAUGHTER, DANE		4. 2 NAME	Roy ShiFFlet 402 Gondon Wor Volking FL 33	.1.86			
STREET ADDRESS	128 ROBERT JAMES DR.		4.3 STREET ADDRESS	402, Gonden				
CITY-ST-ZIP	VALRICO FL		4.4 CITY - ST - ZIP	ValRuo, FL: 33	59+			
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Ad	idition		

Valrico VALRICO FL 64 CITY-ST-ZIP CITY-ST-ZIP 14. I 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

**5.3 STREET ADDRESS** 

**6.3 STREET ADDRESS** 

Chris Smith

ala & Grey mont Dr

5.4 CITY-ST-ZIP

Applied For Not Applicable

\$8.75 Additional

Fee Required

-3/10/98

Change

661-7191

Addition