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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G91715

1. Corporation Name

FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address							
2406 STATE RO	OAD 60 EAST	2406 STATE ROAD 60 EA	ST						
P.O. BOX 1035		P.O. BOX 1035							
VALRICO FL 33	3594-0703	VALRICO FL 33594-0703			<u> </u>			IN THIS SPACE	
					3	Date Incorporated	or Qualified	•	
						03/16/1984		1	
2. Principal P	lace of Business	2a. Mailing Address			4	FEI Number		 - 	pplied For
21		26				59-2410620			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status	Desired [4	Additional Required
22		27							
City & Stat	te	City & State			6.	Election Campaign	- 1		May Be
23		28				Trust Fund Contribe	ution	Added	to Fees
Zip	Country	Zip	Countr	У	8.	This corporation ov			п.,
24	25	29	30			Personal Property		☐Yes	□No
	9. Name and Address of Curre	nt Registered Agent			-	Name and Addres	s of New Regi	stered Agent	
0140	THE CHINE		8	1 Name	•				
	TH, R. CHRIS		8:	2 Street	t Address (P.O. Box Number is I	Not Acceptable)	
	B GREYMONT DRIVE							,	
VAL	RICO FL 33594		8:	3		<u> </u>			
			L	4 0:4				85 Zip	Code
			8-	4 City			•	FL °° 2"	C008
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statul	es, the abo	ve-named	d corporation	on submits this staten	nent for the pur	pose of changing it	s registered
office or r	edistered agent, or both, in the State	e of Florida. Such change was a	iutnorizea b	y tne cort	poration's b	oard of directors. I he	ereby accept th	e appointment as r	egistered
agent. I a	m familiar with, and accept the oblig	1 , ,	niua Statute	3.			_	11/99	
SIGNATURE	15 this	Smith						/ / / /	
	Standure hand or anoted name of registered age	ant and title if anoticable (NOTE	: Registered Age	ent signature	required when	reinstating)		DATE	
	Signature, typed or printed name of registered age OFFICERS AI		: Registered Age	ent signature	nedw beriuper		ES TO OFFICI	ERS AND DIRECT	ORS IN 12
12.	OFFICERS A	ent and title if applicable (NOTE ND DIRECTORS DELETE	13.			ADDITIONS/CHANG			
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 TITLE			ADDITIONS/CHANG			
12. TITLE NAME	OFFICERS AI VPD FERGOSON, GERALD J.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		PD Ger 230	additions/change	usen rest Dr.		
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VALRICO FL 33594

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, with all other like empowered.

SIGNATURE:



11/19