

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90178 012 ***150.00

DOCUMENT # G91715

1. Corporation Name

FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2406 STATE ROAD 60 EAST
P.O. BOX 1035
VALRICO FL 33594-0703

Mailing Address

2406 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

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, R. CHRIS
2128 GREYMONT DRIVE
VALRICO FL 33594

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

R. Chris Smith
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME FERGOSON, GERALD J.
STREET ADDRESS 2206 RIDGECREST DRIVE
CITY-ST-ZIP VALRICO FL 33594

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
Gerald Ferguson
2206 Ridgcrest Dr.
Valrico, FL 33594

☒ Change

☐ Addition

TITLE PD
NAME BISHOP, RICHARD L.
STREET ADDRESS 2106 GREYMONT DRIVE
CITY-ST-ZIP VALRICO FL 33594

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VPD
William Zink
2222 Miramont Cir.
Valrico, FL 33594

☐ Change

☒ Addition

TITLE SD
NAME KLOO, ROSIE
STREET ADDRESS 129 DANNY DRIVE
CITY-ST-ZIP VALRICO FL 33594

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

~~SD~~
~~KLOO, ROSIE~~
~~129 Danny Dr~~
~~Valrico, FL 33594~~

☐ Change

☐ Addition

TITLE D
NAME SHIFFLET, ROY
STREET ADDRESS 402 GARDENWOOD PLACE
CITY-ST-ZIP VALRICO FL 33594

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME FROST, HELEN
STREET ADDRESS 114 SUSAN PLACE
CITY-ST-ZIP VALRICO FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME SMITH, R. CHRIS
STREET ADDRESS 2128 GREYMONT DRIVE
CITY-ST-ZIP VALRICO FL 33594

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

R. Chris Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)

0083162