

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90088 029 \*\*\*150.00

7/19/01 AV

**DOCUMENT # G91715**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2410620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, FRED  
2224 VILLAGE HILL DR  
VALRICO FL 33594**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Fred Brooks*

*3/10/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BROOKS, FRED ☐ Delete  
STREET ADDRESS 2224 VILLAGE HILL DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE PD  
NAME BROOKS, FRED ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME KLED, ROSIE ☒ Delete  
STREET ADDRESS 129 DANNY DR  
CITY-ST-ZIP VALRICO FL 33594

TITLE VPD  
NAME GIUNTA, TOM ☒ Change ☐ Addition  
STREET ADDRESS 2216 RIDGECREST DR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE SD  
NAME LAKEWOOD, SHIRLEY ☒ Delete  
STREET ADDRESS 113 DANNY DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE SD  
NAME PEARSON, NAN ☒ Change ☐ Addition  
STREET ADDRESS 2122 GRAYMONT  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME GORMAN, JAMES ☐ Delete  
STREET ADDRESS 2107 VILLAGE HILL DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME NEVILLE, JOE ☒ Delete  
STREET ADDRESS 252 LAURELCREST CIRCLE  
CITY-ST-ZIP VALRICO FL 33594

TITLE TD  
NAME ZINK, WILLIAM ☒ Change ☐ Addition  
STREET ADDRESS 101 SUSAN PL  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME JOHNSTON, DAVID ☐ Delete  
STREET ADDRESS 401 SUMMERHILL DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William T. Zink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*WILLIAM T. ZINK PRES. 2/8/02*

Date

Daytime Phone #

*732-657-7729*

CR2E034 (9/01)