

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90021 048 \*\*\*150.00

<b>DOCUMENT # G91715</b>					
1. Entity Name <b>FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2406 STATE ROAD 60 EAST P.O. BOX 1035 VALRICO FL 33594-0703</b>			Mailing Address <b>2406 STATE ROAD 60 EAST P.O. BOX 1035 VALRICO FL 33594-0703</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2410620</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>BROOKS, FRED 2224 VILLAGE HILL DR VALRICO FL 33594</b>			7. Name and Address of New Registered Agent Name <b>SALTER, RAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 JASON DR</b> City <b>VALRICO</b> FL <b>33594</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, FRED 2224 VILLAGE HILL DRIVE VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALTER, RAY 103 JASON DR VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALTER, RAY 103 JASON DR VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD PAT LASOTA 144 LAURELCREST VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUN, NOVA 2139 RICKY CIR VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOE CLOUTIER 2118 RICKY CIRCLE VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, JAMES 2107 VILLAGE HILL DRIVE VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB BARTON 218 LAURELCREST VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZINK, WILLIAM 101 SUSAN PL VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY LEES 101 JASON DR VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, GLENN 114 JASON DR VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, JAMES 2107 VILLAGE HILL DR VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **WILLIAM T. ZINK TRES** 03/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 813 651 7228