2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90102 027 ***150.00

DOCUMENT # G91715

1. Entity Name
FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
127 DANNY DRIVE VALRICO, FL 33594-3119	P.O. BOX 1035 VALRICO, FL 33595-1035

01162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	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
SHINGLEDECKER, DWIGHT 2129 RICKY CIRCLE VALRICO, FL 33594-3119	Name: - Butts, Edell F. Street Address (P.O. Box Number is Not Acceptable): 2101 Village Hill Dr. City: Valrico FL Zip Code: 33594-3119

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: Edell F Butts EDELL F. BUTTS 2/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES SHINGLEDECKER, DWIGHT 2129 RICKY CIRCLE VALRICO, FL 335943119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Wilson, Mary Lou 215 Laurelcrest Cir. Valrico, FL 335943119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARTON, ROBERT 218 LAURELCREST CIRCLE VALRICO, FL 335943119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Warren, Bonnie 414 Bollingwood Place Valrico, FL 335943119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CORTES, CARLOS 2208 TIMOTHY TERRANCE VALRICO, FL 335943119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Cortes, Carlos 129 Danny Dr. Valrico, FL 335943119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR WILSON, MARY LOU 215 LAURECREST VALRICO, FL 335943119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Dunlop, Phil 2131 Ricky Cir. Valrico, FL 335943119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES LEES, LAWRENCE 101 JASON DRIVE VALRICO, FL 335943119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres Butts, Edell 2101 Village Hill Dr. Valrico, FL 335943119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR WARREN, BONNIE 414 BOLLINGWOOD PLACE VALRICO, FL 335943119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir. Norman, Richard 2217 Ridgecrest Dr. Valrico, FL 335943119	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edell F Butts EDELL F. BUTTS 2/3/07 (813)684-0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #