

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90091 032 ***150.00

DOCUMENT # G91715 1. Entity Name FEATHERROCK MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 127 DANNY DRIVE VALRICO, FL 33594-3119			Mailing Address P.O. BOX 1035 VALRICO, FL 33595-1035		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2410620 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUTTS, EDELL F 2101 VILLAGE HILL DR. VALRICO, FL 33594-3119			7. Name and Address of New Registered Agent Name CARLOS CORTES Street Address (P.O. Box Number is Not Acceptable) 129 DANNY DRIVE City VALRICO FL Zip Code 33594		
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 CARLOS Cortes <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 01-05-08	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARY LOU 215 LAURELCREST CIR. VALRICO, FL 335943119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, BONNIE 414 BOLLINGWOOD PLACE VALRICO, FL 335943119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORTES, CARLOS 129 DANNY DR. VALRICO, FL 335943119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLOP, PHIL 2131 RICKY CIR. VALRICO, FL 335943119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTTS, EDELL 2101 VILLAGE HILL DR. VALRICO, FL 335943119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, RICHARD 2217 RIDGECREST DR. VALRICO, FL 335943119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, RICHARD 2217 RIDGECREST DR. VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORTES, CARLOS 129 DANNY DRIVE VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVERE, MARY 2104 RICKY CIRCLE VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: CARLOS Cortes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 01-05-08		DAYTIME PHONE # 813 657-9477