

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90174 009 ***150.00

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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

11009792



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2410620

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROOKS, FRED
2224 VILLAGE HILL DR
VALRICO, FL 33594

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, FRED 2224 VILLAGE HILL DRIVE VALRICO, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIUNTA, TOM 2216 RIDGECREST DR VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEARSON, NAN 2122 GRAYMONT VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, JAMES 2107 VILLAGE HILL DRIVE VALRICO, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZINK, WILLIAM 101 SUSAN PL VALRICO, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, DAVID 401 SUMMERHILL DRIVE VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ 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.** 4/19/2003 813 679-8171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM T. ZINK

CR2E034 (10/02)