2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000006672 TOWNHOMES AT FEATHER SOUND ASSOCIATION, INC.



Principal Place of Business POST OFFICE BOX 17982 Mailing Address POST OFFICE BOX 17982

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90254 038 ****61.25

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CLEARWATER	KWAIER, FL 33/6	, FL 33/62													
2. Principal P	lace of Busin	ess	3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01062006	Ch	g-NP	CR	2E037	(11/05)		
City & State				City & State				4. FEI Number 42-153		 				plied For t Applicable	
Zip Country Z				Country				5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent								
							Name								
MCDONNELL, CHRISTOPHER E 13834 LAKE POINT DRIVE CLEARWATER, FL 33762						Street Address (P.O. Box Number is Not Acceptable)									
			City							FL	Zip Code	9			
	tions of regist	y submits this statement for iered agent. or printed name of registered agent						ed agent, or bot	th, in t	ne State of		i am ta	miliar with,	and accept	
			г												
Filing Fee is \$61.25 9. Election Cal Due by May 1, 2006 Trust Fund								\$5.00 May Be Added to Fees Make check payable to Florida Department of State							
10.		11,		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE	PD			☐ Delete TI									Change	☐ Addition	
NAME	MCDONNELL, CHRISTOPHER			NAME											
STREET ADDRESS POST OFFICE BOX 17982					STREE	et address									
CITY-ST-ZIP	CLEARW	ATER, FL 33762			CITY-	ST-ZIP									
TITLE	TD	•		Delete	TITLE								Change	☐ Addition	
NAME	IYER, RAJU														
STREET ADDRESS	13839 LAKE POINT DRIVE				STREE	ET ADDRESS									
CITY-ST-ZIP	CLEARW.	ATER, FL 33762			CITY-	ST-ZIP									
TITLE	SD			☐ Delete	TITLE		Sec	-TReas	レー	DIRE	COR		Change	☐ Addition	
NAME	SHALDJI	AN, RUBINA			NAME		- 00	,, 0000	•	<i></i>	0,0,0			_	
STREET ADDRESS	13845 LA	KE POINT DR			STREE	ET ADDRESS									
CHY-ST-ZIP	CLEARW.	ATER, FL 33762			CITY-	ST-ZIP									
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NAME	LAPIDUS	, ANNA		~	NAME			1000	ν.	ヘニ	UKK	IA	<u>`</u>	7	
STREET ADDRESS	2448 LAK	E POINT DRIVE			STREE	ET ADDRESS	マニ	D 4 1	-/1	<= /	クハ	Tċ.	1' AX)E	
CITY-ST-ZIP	CLEARW	ATER, FL 33762			CITY-	ST-ZIP	CL	ROLYI 552 L EARWI	41E	12,1	zh.	33	762	. —	
TITLE				Delete	TITLE			· · · · · ·					Change	☐ Addition	
NAME				. —	NAME										
STREET ADDRESS					STRE	et address									
CITY-ST-ZIP	ļ				CITY-	ST-ZIP	ļ								
TITLE				☐ Delete	TITLE		[Change	☐ Addition	
NAME					NAME										
STREET ADDRESS					STREE	ET ADDRESS									
CITY-ST-ZIP					CITY-	ST-ZIP									

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, eport 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 truefee or powered to peccute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all offer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06

813-227-8403

Daytime Phone #