

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005182

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** FEATHERBROOK AT COLONIAL II RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTERGRATED PROPERTY MGMT  
3435-10TH STREET NORTH #201  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O INTERGRATED PROPERTY MGMT  
3435-10TH STREET NORTH #201  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 20-1305150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, JOSEPH  
BECKER & POLIAKOFF  
14241 METROPOLIS AVENUE, SUITE 100  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JARACKAS, DANIEL  
Address: 10017 TURTLE HILL DR  
City-St-Zip: FORT MYERS, FL 33913

Title: STD ( ) Delete  
Name: BROWN, WILLIAM  
Address: 10016 TURTLE HILL DR  
City-St-Zip: FORT MYERS, FL 33913

Title: DVP ( ) Delete  
Name: ROBERSON, JAY  
Address: 10012 TURTLE HILL DR  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL JARACKAS

PD

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date