

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 004 ****61.25

DOCUMENT # N05000007544					
1. Entity Name THE CLUB AT FEATHER SOUND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1985 PELICAN LANDING BLVD CLEARWATER, FL 33762			Mailing Address 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 3001 Executive Dr. Suite, Apt. #, etc. <u>Suite 260</u> City & State <u>Clearwater, FL</u> Zip <u>33762</u> Country <u>Pinellas</u>		3. Mailing Address 3001 Executive Dr. Suite, Apt. #, etc. <u>Suite 260</u> City & State <u>Clearwater, FL</u> Zip <u>33762</u> Country <u>Pinellas</u>			
4. FEI Number 20-3193470				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE. SUITE 1003 W. PALM BEACH, FL FL33401			7. Name and Address of New Registered Agent Name <u>Condominium Associates</u> Street Address (P.O. Box Number is Not Acceptable) <u>3001 Executive Dr. Suite 260</u> City <u>Clearwater</u> <u>FL</u> Zip Code <u>33762</u>		
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 <u>Roger C. Hawkins</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4-28-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE, SUITE 1003 W. PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roger Hawkins 2817 Skimmer Ct. E. #415 Clearwater, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, SANDY 250 S. AUSTRALIAN AVE, SUITE 1003 W. PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mickey Pettyjohn 2073 Skimmer Ct. W #211 Clearwater, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANVILLE, M. DENNE 1985 PELICAN LANDING BOULEVARD CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cassandra Nickols 1984 Pelican Landing Blvd #155 Clearwater, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 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 other like empowered.					
SIGNATURE: <u>Roger C. Hawkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-21-08</u> Daytime Phone: #	

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