

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06263

1. Entity Name  
EXECUTIVE CENTER AT FEATHER SOUND  
CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

2861 EXECUTIVE DRIVE  
STE 100  
CLEARWATER, FL 33762 US

Mailing Address

2861 EXECUTIVE DRIVE  
STE 100  
CLEARWATER, FL 33762 US



07142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3059066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, BRUCE  
2865 EXECUTIVE DRIVE  
CLEARWATER, FL 33762

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000955718  
07/22/08-80003-007 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SPRIDGEON, TIM  
2849 EXECUTIVE DRIVE #110  
CLEARWATER, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NOVAK, MIKE  
2861 EXECUTIVE DRIVE #110  
CLEARWATER, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HEBERT, JOHN T  
2861 EXECUTIVE DRIVE  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ARTHUR, JEFF  
2857 EXECUTIVE DR  
CLEARWATER, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. HEBERT, TREASURER

Date

Daytime Phone #

7-14-08 727-572-4665