2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N98000001118

Entity Name: FEATHER SOUND AT PELICAN STRAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0826834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & P PRPERTY MANAGEMENT
265 AIRPORT ROAD
NAPLES, FL 34104 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: SD ( ) Delete
Name: SMITH, DONNA
Address: 5705 HERON LANE #806
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete
Name: WHITNEY, RUTH
Address: 5693 HERON LANE #506
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: MACKINNON, BRUCE
Address: 9 CAMBRIDGE CT
City-St-Zip: KENNEBUNK, ME 04043

Title: D ( ) Delete
Name: KUHN, MICHAEL
Address: 5705 HERON LANE #808
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: MACKINNON, BRUCE
Address: 9 CAMBRIDGE CT
City-St-Zip: KENNEBUNK, ME 04043

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

Title: TD ( ) Change (X) Addition
Name: FALCIONE, ORLAND
Address: 1005 MARION DRIVE
City-St-Zip: CORAPOLIS, PA 15108

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: RUTH WHITNEY PD 04/23/2008

Electronic Signature of Signing Officer or Director — Date