

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011098

**Entity Name:** FEATHEROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 08, 2025**  
**Secretary of State**  
**1416629840CC**

**Current Principal Place of Business:**

110 LAURELCREST CIRCLE  
VALRICO, FL 33594-3119

**Current Mailing Address:**

P O BOX 1035  
VALRICO, FL 33594-1035 US

**FEI Number: 59-2410620**

**Certificate of Status Desired: Yes**

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

MORGAN, KELLY  
110 LAURELCREST CR.  
VALRICO, FL 33594 US

*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: KELLY MORGAN**

**01/08/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BENHAM, BETH  
Address        2210 RIDGECREST DR.  
City-State-Zip: VALRICO FL 33594

Title           DIRECTOR, PRESIDENT  
Name           MORGAN, KELLY  
Address        110 LAURELCREST CIRCLE  
City-State-Zip: VALRICO FL 33594

Title           DIRECTOR, VP  
Name           FITZGERALD, RICHARD  
Address        2225 MIRAMONT CIRCLE  
City-State-Zip: VALRICO FL 33594-3119

Title           SECRETARY  
Name           WELCH, CHARLEEN  
Address        123 DANNY DR  
City-State-Zip: VALRICO FL 33594-3119

Title           DIRECTOR  
Name           DELGADO, AIDA  
Address        2213 MIRAMONT CIRCLE  
City-State-Zip: VALRICO FL 33594

Title           DIRECTOR  
Name           WINTENBURG, MARGARET  
Address        214 LAURELCREST CR.  
City-State-Zip: VALRICO FL 33594

Title           DIRECTOR  
Name           VELEZ, MYRIAM  
Address        112 LAURELCREST CR.  
City-State-Zip: VALRICO FL 33594

*I hereby 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 all other like empowered.*

**SIGNATURE: KELLY MORGAN**

**PRESIDENT**

**01/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date