2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011098

Entity Name: FEATHEROCK MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED Mar 24, 2014 **Secretary of State** CC1844088107

Current Principal Place of Business:

127 DANNY DR

VALRICO, FL 33594-3119

Current Mailing Address:

P O BOX 1035

VALRICO, FL 33594-1035

FEI Number: 59-2410620 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESCHAMPS, IVAN 100 DANNY DRIVE. 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: IVAN DESCHAMPS 03/24/2014

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

City-State-Zip:

Title Title **PRESIDENT**

Name Name IVERSON, JIM DESCHAMPS, IVAN 223 LAURELCREST CIR Address 2117 VILLAGE HILL DR Address City-State-Zip: VALRICO FL 33594 VALRICO FL 33594

Title 0 Title **TREASURER**

Name **BOB**, DANDROW Name NILLES, CAROL

Address 2211 RIDGECREST DRIVE Address 128 ROBERT JAMES DR.

VALRICO FL 33594 City-State-Zip: VALRICO FL 33594 City-State-Zip:

Title **OFFICER SECRETARY** Title Name DOZIER, PAUL MALZ. DEBORAH Name Address 129 SUSAN PL 103 DANNY DR Address

City-State-Zip: VALRICO FL 33594 City-State-Zip: VALRICO FL 33594

Title **OFFICER**

ERLENDSSON, EINAR Name 114 LAURELCREST CIR Address

City-State-Zip: VALRICO FL

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.

03/24/2014 SIGNATURE: IVAN DESCHAMPS **PRESIDENT**