

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735066 (3)**  
 1. Corporation Name  
**PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 17718 RAINTREE TERR. BOCA RATON FL 33487-2264	Mailing Address P.O. BOX 810142 BOCA RATON FL 33481-0142
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3. Date Incorporated or Qualified <b>02/26/1976</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>59-1821382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <b>1280 SW 36 Ave</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Suite 301</b>
City & State 23	City & State 28 <b>Pompano Beach, FL</b>
Zip 24	Country 25
Zip 29 <b>33069</b>	Country 30 <b>Broward</b>

9. Name and Address of Current Registered Agent  
**VROMAN, WILLIAM**  
**4913 BRANDYWINE DRIVE**  
**#1**  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
 81 Name  
**Exclusive Property Mgmt**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1280 SW 36 Ave, Suite 301**  
 83  
**c/o Paul Sapita, Pres.**  
 84 City  
**Pompano Beach** **FL** 85 Zip Code  
**33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul Sapita*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BOTLEY, SHARON</b> <b>4780 BRANDYWINE DRIVE</b> <b>BOCA RATON FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VROMAN, WILLIAM</b> <b>4913 BRANDYWINE DRIVE</b> <b>BOCA RATON FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HOOVER, BRENT</b> <b>17361 SPRING TREE LANE</b> <b>BOCA RATON FL 33487</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RAYMOND, KELLY</b> <b>4399 BRANDYWINWINE DR</b> <b>BOCA RATON FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYERS, IRA</b> <b>17641 LAKE PARK RD</b> <b>BOCA RATON FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DS</b> <b>Lagin, Neil</b> <b>17730 Maplewood</b> <b>Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PD</b> <b>Saffer, Jack</b> <b>17351 Spring Tree Lane</b> <b>Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <b>Quinter, Peter</b> <b>17315 Lake Park Rd</b> <b>Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** **SIGNATURE REQUIRED** *Jack Saffer*  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)