

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra M. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735066 (3)  
1. Corporation Name  
PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 17718 RAIN TREE TERR. BOCA RATON FL 33487-2264  
Mailing Address: 1280 SW 36 AVE SUITE 301 POMPANO BEACH FL 33069-4848 US

3. Date Incorporated or Qualified: 02/26/1976  
3a. Date of Last Report: 07/02/1996  
4. FEI Number: 59-1821382  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1880 SW 36 AVE, 22 SUITE 301, 23 POMPANO BEACH, FL, 24 Zip 33069-4848, 25 BROWARD  
2a. Mailing Address: 26 1280 SW 36 AVE, 27 SUITE 301, 28 POMPANO BEACH, FL, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent  
EXCLUSIVE PROPERTY MANAGEMENT  
1280 SW 36 AVE SUITE 301  
#1  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LIGIN, NEIL	
STREET ADDRESS	17730 MAPLE WOOD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOFFER, JACK	
STREET ADDRESS	17351 SPRING TREE LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOOVER, BRENT	
STREET ADDRESS	17361 SPRING TREE LANE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUINTER, PETER	
STREET ADDRESS	17315 LAKE PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, IRA	
STREET ADDRESS	17641 LAKE PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GILBERT VALDES	
1.3 STREET ADDRESS	17770 WOODVIEW TERRACE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAYMOND J KELLY	
2.3 STREET ADDRESS	4399 BRANDYWINE DR	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMIE ISELBORN	
3.3 STREET ADDRESS	4545 BRANDYWINE DR	
3.4 CITY-ST-ZIP	BOCA RATON FL 33487	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PHYLLIS STITT	
4.3 STREET ADDRESS	4868 FOX HUNT TRAIL	
4.4 CITY-ST-ZIP	BOCA RATON FL 33487	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROLF MARTI	
5.3 STREET ADDRESS	17650 OAKWOOD	
5.4 CITY-ST-ZIP	BOCA RATON FL 33487	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of this report, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED

CR2E037 (9/96)