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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address

EXCLUSIVE PROPERTY MANAGEMENT
1280 SW 36TH AVE., SUITE 301
POMPANO BEACH FL 33069
US

EXCLUSIVE PROPERTY MANAGEMENT
1280 SW 36TH AVE., SUITE 301
POMPANO BEACH FL 33069
US

3. Date Incorporated or Qualified
02/26/1976

4. FEI Number
59-1821382

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 *Pointe Nght Group.*

22 City & State 27 *7540 U.S. Hwy One #104*

23 Zip Country 28 *Lantana, FL.*

24 25 29 *33462* 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 *Pointe Nght Group.*

82 Street Address (P.O. Box Number is Not Acceptable)
7540 U.S. Hwy one suite 104

83 *Eric Estebanez*

84 City *Lantana* 85 State *FL* Zip Code *33462*

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, or 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALDES, GILBERT	
STREET ADDRESS	17770 WOODVIEW TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KELLY, RAYMOND J	
STREET ADDRESS	4399 BRANDYWINE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ISELBORN, JAMIE	
STREET ADDRESS	4545 BRANDYWINE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	STITT, PHYLLIS	
STREET ADDRESS	4888 FOX HUNT TRAIL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTI, ROLF	
STREET ADDRESS	17650 OAKWOOD	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, its 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 in the attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)