

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90094 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735066**

1. Corporation Name  
**PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business EXCLUSIVE PROPERTY MANAGEMENT 1280 SW 36TH AVE., SUITE 301 POMPANO BEACH FL 33069 US	Mailing Address POINTE MGMT GROUP 7540 US HWY ONE 104 LANTANA FL 33462 US
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2. Principal Place of Business 21 <b>Pointe Management</b> Suite, Apt. #, etc. 22 <b>75 NE 6th Ave Ste 202</b> City & State 23 <b>Delray Beach</b> Zip 24 <b>FL</b> 25 <b>33483</b>	2a. Mailing Address 26 <b>75 NE 6th Ave</b> Suite, Apt. #, etc. 27 <b>202</b> City & State 28 <b>Delray Beach FL</b> Zip 29 <b>33483</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>02/26/1976</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	

9. Name and Address of Current Registered Agent POINTE MGMT GROUP 7540 US HWY ONE STE 104 LANTANA FL 33462	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
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*Handwritten: 75 NE 6th Ave Ste 202 Delray Beach FL 33483*

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, GILBERT 17770 WOODVIEW TERRACE BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KELLY, RAYMOND J 4399 BRANDYWINE DR BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ISELBORN, JAMIE 4545 BRANDYWINE DR BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STITT, PHYLLIS 4868 FOX HUNT TRAIL BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTI, ROLF 17650 OAKWOOD BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
			7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
			8.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
			9.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

*Handwritten in 13:*  
 1.1 Change  Addition  
 2.1 Change  Addition  
 4.1 Change  Addition  Addition  
 9.1 Change  Addition  Addition

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 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, with all other like empowered.

SIGNATURE: *Gilbert Valdes* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)