

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90607 032 ****61.25

DOCUMENT # 735066

1. Entity Name
PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
POINTE MANAGEMENT **75 NE 6TH AVE**
75 NE 6TH AVE STE 202 **STE 202**
DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483**
US **US**

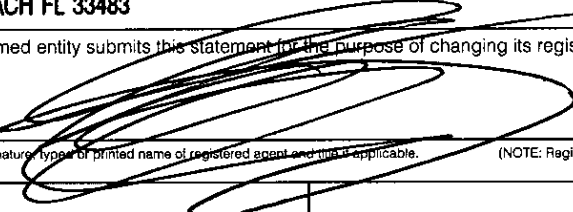


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1821382		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POINTE MGMT GROUP 75 NE 6TH AVE STE 202 DELRAY BEACH FL 33483				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. 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:  DATE: 2/28/01

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P./D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDES, GILBERT		NAME	Mark Rhodes	
STREET ADDRESS	17770 WOODVIEW TERRACE		STREET ADDRESS	17394 Springtree Ln.	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V.S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, RAYMOND J		NAME	Cheryl Angelotti	
STREET ADDRESS	4399 BRANDYWINE DR		STREET ADDRESS	4899 Brandywine	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T./D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, JOY		NAME	Sharon Botley	
STREET ADDRESS	17776 RAIN TREE TERR		STREET ADDRESS	4780 Brandywine Dr	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINDLER, BEATRICE		NAME	Diane Goffen	
STREET ADDRESS	4495 SUGAR PINE DR		STREET ADDRESS	17351 Springtree Ln.	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTI, ROLF		NAME		
STREET ADDRESS	17650 OAKWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 1/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)