

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90142 003 \*\*\*\*61.25

**DOCUMENT # 735066**

1. Entity Name

**PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC.**

2. Principal Place of Business

Mailing Address

**POINTE MANAGEMENT  
 75 NE 6TH AVE STE 202  
 DELRAY BEACH FL 33483**

**75 NE 6TH AVE  
 STE 202  
 DELRAY BEACH FL 33483  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1821382**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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**

*206.*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/5/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RHODES, MARK</b>	
STREET ADDRESS	<b>17394 SPRING TREE LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>ANGELOTTI, CHERYL</b>	
STREET ADDRESS	<b>4899 BRANDYWINE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BOTLEY, SHARON</b>	
STREET ADDRESS	<b>4780 BRANDYWINE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOFFER, DIANE</b>	
STREET ADDRESS	<b>17351 SPRING TREE LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Cheryl Angelotti*

*2/3/02*

CR2E037 (9/01)