2006 NOT-FOR-PROFIT CORPORATION

Jan 17, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #735066** 01-17-2006 90228 029 ****61.25 1. Entity Name PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 60001722 POINTE MANAGEMENT C/O POINTE MGMT. 75 NE 6TH AVE STE 20 **75 NE 6 AVENUE 206** DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E037 (11/05) 4. FEI Number 59-1821382 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POINTE MGMT GROUP Street Address (P.O. Box Number is Not Acceptable) 75 NE 6TH AVE **STE 202** DELRAY BEACH, FL 33483 City Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Defete RICHARD LEIGHT THEST D TITLE ☐ Change Addition D PAULSON, KEN NAME NAME 17384 SPEWGTROELOR STREET ADDRESS 17594 LAKE PARK ROAD STREET ADDRESS Boca laron, Fl. 33481. BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ■ Addition TITLE DURAS, PAUL NAME NAME 4068 BIRCHWOOD DRIVE STREET ADDRESS STREET ADORESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ¥ ☐ Delete TITI F ☐ Change ■ Addition YANN, FRANK NAME. NAME STREET ADDRESS 4205 BAY LAUREL WAY STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY: ST=ZIP TITLE V/D ☐ Delete TITLE ☐ Change ■ Addition GIBSON, TANYA NAME NAME 17556 BIRCHWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change | ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

FILED