

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90042 036 \*\*\*\*61.25

**DOCUMENT # 735066**  
 1. Entity Name  
**PHEASANT WALK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**POINTE MANAGEMENT**  
**75 NE 6TH AVE STE 206**  
**DELRAY BEACH, FL 33483 US**

Mailing Address  
**C/O POINTE MGMT.**  
**75 NE 6 AVENUE 206**  
**DELRAY BEACH, FL 33483 US**

**20004989**



2. Principal Place of Business - No P.O. Box #  
**20283 State Rd 7**

3. Mailing Address  
**20283 State Rd 7**

Suite, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.  
**Suite 300**

02092007 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number  
**59-1821382**

Applied For  
 Not Applicable

Zip  
**33498**

Country  
**USA**

Zip  
**33498**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**POINTE MGMT GROUP**  
**75 NE 6TH AVE**  
**STE 202**  
**DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **Joshua Gerstin, Esquire** **2-12-07**  
 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**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAULSON, KEN 17594 LAKE PARK ROAD BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAS, PAUL 4068 BIRCHWOOD DRIVE BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANN, FRANK 4205 BAY LAUREL WAY BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, TANYA 17556 BIRCHWOOD DRIVE BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGHT, RICHARD 17384 SPEWG TREE LANE BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, IT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Brent Hoover 17361 Spring Tree Lane Boca Raton, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S Diane Soffer 17351 Spring Tree Lane Boca Raton, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brenna Huntington 17745 Foxwood Way Boca Raton, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** **2/14/07** **561-470-9555**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #