


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90126 039 ****61.25

DOCUMENT # 735066

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



Principal Place of Business
**POINTE MANAGEMENT
75 NE 6TH AVE STE ~~202~~ 206
DELRAY BEACH FL 33483
US**

Mailing Address
**75 NE 6TH AVE
STE ~~202~~ 206
DELRAY BEACH FL 33483
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
**c/o Pointe Mgmt.
75 NE 6 Avenue #206
Delray Beach, Florida**

Suite, Apt. #, etc.
City & State

4. FEI Number **59-1821382**

Applied For
 Not Applicable

Zip Country
33483 US

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**POINTE MGMT GROUP
75 NE 6TH AVE
STE ~~202~~ 206 Suite # 206
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 _____ DATE _____
Signature, typed 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. **\$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	PD RHODES, MARK 17394 SPRING TREE LANE BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSE ANGELOTTI, CHERYL 4899 BRANDYWINE BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOTLEY, SHARON 4780 BRANDYWINE DR BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOFFER, DIANE 17351 SPRING TREE LANE BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	PD Schira, William 4409 Sugar Pine Drive Boca Raton, Fl. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Spindler, Beatrice 4495 Sugar Pine Drive Boca Raton, Fl. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Yann, Frank 4205 Bay Laurel Way Boca Raton, Fl. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gibson, Tanya 17556 Birchwood Drive Boca Raton, Fl. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: *Beatrice Spindler, Treasurer 1/30/03 561-994-6045*

CR2E037 (10/02)