

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756869 (4)

1. Corporation Name

PHEASANT RUN AT ROSEMONT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O PATRICIA L. VINCENT, 237 HUNT CLUB BLVD., SUITE 201, LONGWOOD FL 32779, US

Mailing Address: C/O PATRICIA L. VINCENT, 237 HUNT CLUB BLVD., SUITE 201, LONGWOOD FL 32779, US

3. Date Incorporated or Qualified: 03/19/1981
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business: C/O Anthony Guadagnino
21. Suite, Apt. #, etc.

2a. Mailing Address: C/O Anthony Guadagnino
26. Suite, Apt. #, etc.

4. FEI Number: 59-2168890
Applied For: Not Applicable

22. City & State: Altamonte Springs FL
23. Zip: 32714, Country: U.S.

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28. Zip: 32714, Country: U.S.

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

24. Zip: 32714, Country: U.S.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: VINCENT, PATRICIA L. PRESTIGE ASSOCIATION MANAGEMENT, INC. 237 HUNT CLUB BLVD., SUITE 201 LONGWOOD FL 32779

10. Name and Address of New Registered Agent: 81 Name: Anthony Guadagnino, 82 Street Address: Presidential Group South, Inc, 83 135 W. Pineview St, 84 City: Altamonte Springs FL, 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Anthony Guadagnino* Anthony Guadagnino Pres. 3/29/96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	JON ATKINSON	
STREET ADDRESS	3504 PORTERSFIELD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	ANDY SEMINAZZI	
STREET ADDRESS	4631 RING NECK RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/>
NAME	VIRGINIA KAY	
STREET ADDRESS	4420 PRAIRIE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/>
NAME	NANCY LOWE	
STREET ADDRESS	5211 GOLD TREE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	JOHN CHILDS	
STREET ADDRESS	4413 RING NECK RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ANTHONY FRAGILE		
1.3 STREET ADDRESS	4674 PHEASANT RUN DR.		
1.4 CITY-ST-ZIP	ORLANDO FL 32808		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ROBERT DUARK		
2.3 STREET ADDRESS	4517 RING NECK RD.		
2.4 CITY-ST-ZIP	ORLANDO FL 32808		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SAME		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	SAME		
4.4 CITY-ST-ZIP			
5.1 TITLE	JON ATKINSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	3504 PORTERSFIELD RD		
5.3 STREET ADDRESS	ORLANDO FL 32808-2846		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy A. Lowe* Nancy A. Lowe 4-15-96 (407) 298-8693

CR2E037 (12/95)