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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
C/O ANTHONY GUADAGNINO 135 W PINE VIEW STREET ALTAMONTE SPRINGS FL 32714 US
C/O ANTHONY GUADAGNINO 135 W. PINEVIEW STREET ALTAMONTE SPRINGS FL 32714-2006 US

3. Date Incorporated or Qualified 03/19/1981
3a. Date of Last Report 04/18/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

4. FEI Number 59-2168890
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
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 (P.O. Box Number is Not Acceptable) c/o Presidential Group South, Inc.
83 135 W. Pineview Street
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* 5/19/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FRAGALE, ANTHONY	1.2 NAME	
STREET ADDRESS	4674 PHEASANT RUN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	RUACK, ROBERT	2.2 NAME	RICHARD GANIM
STREET ADDRESS	4517 RING NECK ROAD	2.3 STREET ADDRESS	4400 PRARIE CT.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	TD	3.1 TITLE	
NAME	VIRGINIA KAY	3.2 NAME	
STREET ADDRESS	4420 PRAIRIE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	NANCY LOWE	4.2 NAME	
STREET ADDRESS	5211 GOLD TREE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	ATKINSON, JON	5.2 NAME	ROBERT RUARK
STREET ADDRESS	3504 PORTERFIELD ROAD	5.3 STREET ADDRESS	4517 RING NECK ROAD
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 Lowe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)