

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 PINEVIEW STREET
ALTAMONTE SPRINGS FL 32714
US~~
~~C/O ANTHONY GUADAGNINO
135 W PINEVIEW STREET
ALTAMONTE SPRINGS FL 32714
US~~

3. Date Incorporated or Qualified
03/19/1981
4. FEI Number
59-2168890
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 40 NANCY LOWE 26 40 NANCY LOWE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 5211 Gold Tree Ct 27 5211 Gold Tree Ct
City & State City & State
23 Orlando FL 28 Orlando FL
Zip Country Zip Country
24 32808 25 USA 29 32808 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No Condo
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GUADAGNINO, ANTHONY
C/O PRESIDENTIAL GROUP SOUTH INC.
135 W PINEVIEW ST
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name Nancy Lowe
82 Street Address (P.O. Box Number is Not Acceptable) 5211 Gold Tree Ct
83
84 City Orlando FL 85 32808

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 Nancy A. Lowe Secretary Nancy A. Lowe DATE 4-29-98
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGALE, ANTHONY	1.2 NAME	
STREET ADDRESS	4874 PHEASANT RUN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32808
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANIM, RICHARD	2.2 NAME	
STREET ADDRESS	4400 PRARIE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32808
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	32808
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY LOWE	4.2 NAME	SD
STREET ADDRESS	5211 GOLD TREE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUARK, ROBERT	5.2 NAME	SUE MULLER
STREET ADDRESS	4547 RING NECK RD	5.3 STREET ADDRESS	4429 RING NECK RD
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TOM MCEVERS
STREET ADDRESS		6.3 STREET ADDRESS	4672 PHEASANT RUN DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO FL 32808

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Secretary DATE: 4-29-98 (407)298-8693

CR2E037 (10/97)