
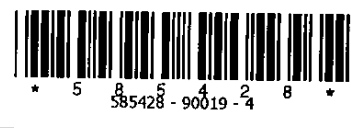


FILE NOW: FILING FEE IS \$61.25

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Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>750809</u> ✓ Corporation Name Pheasant Run at Rosemont Condominium Assoc, Inc.		
Principal Place of Business	Mailing Address	



1. Principal Place of Business 238 N. Westmonte Dr. Suite, Apt. #, etc. Suite 260 City & State Altamonte Springs, FL Zip 32714	2a. Mailing Address 26 P.O. Box 161606 Suite, Apt. #, etc. City & State Altamonte Springs, FL Zip 32714	3. Date Incorporated or Qualified 3/19/81	4. FEI Number 59-3168890	Applied For Not Applicable
25 USA	29 USA	30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Ellen R. Womack
	82 Street Address (P.O. Box Number is Not Acceptable) 238 N. Westmonte Drive
	83 Suite 260
	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 Ellen R. Womack Ellen R. Womack 6/23/99
 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	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Fragale	1.2 NAME	Nancy Pennell 4435 Ring Neck Rd
STREET ADDRESS	4674 Pheasant Run Drive	1.3 STREET ADDRESS	9916 Timber Oaks Court
CITY-ST-ZIP	Orlando, FL 32808	1.4 CITY-ST-ZIP	Orlando, FL 32817 32808
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Muller	2.2 NAME	
STREET ADDRESS	4429 Ring Neck Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Lowe	3.2 NAME	
STREET ADDRESS	5211 Gold Tree Court	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Kay	4.2 NAME	
STREET ADDRESS	4420 Prairie Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Clough	5.2 NAME	
STREET ADDRESS	4545 Ring Neck Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Nancy A. Lowe Nancy A. Lowe 7-1-99 407-298-8693
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)