

DOCUMENT # 756869

1. Entity Name

PHEASANT RUN AT ROSEMONT CONDOMINIUM ASSOCIATION

FILED
May 16, 2000 8:00 am
Secretary of State

04-12-2000 90044 049 ****61.25

Principal Place of Business 238 N WESTMONTE DR STE 260 ALTAMONTE SPRINGS FL 32714 US	Mailing Address PO BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 225 S. Westmonte Drive Suite, Apt. #, etc. Suite 2050 City & State Altamonte Springs, FL Zip 32714	Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2168890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOMAK, ELLEN R
 238 N WESTMONTE DR
 STE 260
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name
Ellen R. Womack
 Street Address (P.O. Box Number is Not Acceptable)
~~225 S. Westmonte Drive, Suite 2050~~
 City
Altamonte Springs FL Zip Code
32714

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.
 SIGNATURE Ellen R. Womack DATE 4/4/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAGALE, ANTHONY 4674 PHEASANT RUN DRIVE ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEL, NANCY 4435 RING NECK RD ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIRGINIA KAY 4420 PRAIRIE COURT ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANCY LOWE 5211 GOLD TREE COURT ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLER, SUE 4429 RING NECK RD ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUGH, JAMES 4545 RING NECK RD ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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: Nancy Lowe / Nancy Lowe (Secretary) DATE: 4-07-2000 (407) 298-8693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/98)