

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756869

FILED
Apr 09, 2007
Secretary of State

Entity Name: PHEASANT RUN AT ROSEMONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2168890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRAGALE, ANTHONY
Address: 4674 PHEASANT RUN DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: RAWLINGS, PATRICIA
Address: 4518 PAGEANT WAY
City-St-Zip: ORLANDO, FL 32808

Title: VD () Delete
Name: MULLER, SUE
Address: 4429 RING NECK RD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: PARKER, ERNIE
Address: 4416 PRAIRIE CT.
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: CROWL, JAMES
Address: 4434 RING NECK RD.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HINES, NEIDRE
Address: 4423 MARTINS WAY, APT H
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: PARKER, ERNIE
Address: 4416 PRAIRIE CT.
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change () Addition
Name: WEITHERS, CLAUDIA
Address: 4425 RING NECK RD.
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN R. WOMACK

A

04/09/2007

Electronic Signature of Signing Officer or Director

Date