3/3.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State
03-03-2002 90126 038 ****61.25

DOCUMENT # N01000001618

1. Entity Name

PHEASANT RUN WEST HOMEOWNERS ASSOCIATION, INC.

36602

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5771 PENDLEBURY CT PORT ORANGE FL	5771 PENDLEBURY CT PORT ORANGE FL

2. Principal Place of Business	3. Mailing Address
940 Smokerise Blvd	940 Smokerise Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange FL	City & State: Port Orange, FL
Zip: 32127 Country: Volusia	Zip: 32127 Country: Volusia

4. FEI Number: 59-3648907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALBREATH, BRENDAN 5771 PENDLEBURY CT PORT ORANGE FL	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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 Brendan Galbreath President 1-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALBREATH, BRENDAN 5771 PENDLEBURY CT PORT ORANGE FL	☐ Delete	PD Galbreath, Brendan 940 Smokerise Blvd Port Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWLING, MARK 1373 HYDE PARK DR PORT ORANGE FL 32124	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLER, DAVID 101 BLUE HERON DR PORT ORANGE FL 32127	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Brendan Galbreath PRESIDENT Brendan Galbreath 1-19-02 386-767-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #