2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
09-03-2002 90164 003 ****61.25
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02 SEP -9 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001618

1. Entity Name

PHEASANT RUN WEST HOMEOWNERS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

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: Brendan Galbreath Street Address (P.O. Box Number is Not Acceptable): 940 Smokerise Blvd ~~Apt~~ City: Port Orange FL Zip Code: 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Brendan Galbreath 7-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLER, DAVID 101 BLUE HERON DR PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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 REQUIRED Brendan Galbreath 7-25-02 386-547-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #