2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90042 048 ****61.25

DOCUMENT # N01000001618

1. Entity Name

PHEASANT RUN WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
824 PHEASANT RUN CT W PORT ORANGE FL 32127	824 PHEASANT RUN CT W PORT ORANGE FL 32127

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

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

GALBREATH, BRENDAN
824 PHESANT RON CT.W.
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: Dr. Danny C. Parrish
Street Address (P.O. Box Number is Not Acceptable): 814 Pheasant Run Ct. W.
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 ______________________________
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
Due By May 1, 2007

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

Make Check Payable to Florida 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 824 PHEASANT CT. W. PORT ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DR. DANNY C. PARRISH 814 PHEASANT RUN CT. W. 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Dr Danny C Parrish DR. DANNY C. PARRISH 2/12/07 386-679-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #