2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001618

1. Entity Name
PHEASANT RUN WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
814 PHEASANT RUN CT W PORT ORANGE, FL 32127	814 PHEASANT RUN CT W PORT ORANGE, FL 32127

01122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0780487
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARRISH, DANNY C
814 PHEASANT RUN CT. W.
PORT ORANGE, FL 32127

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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 Dr Danny C Parrish 1-11-8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALBREATH, BRENDAN
STREET ADDRESS	824 PHEASANT CT. W.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	BOWLING, MARK
STREET ADDRESS	1373 HYDE PARK DR
CITY-ST-ZIP	PORT ORANGE, FL 32124
TITLE	TR
NAME	PARRISH, DANNY C DR
STREET ADDRESS	814 PHEASANT RUN CT. W.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80012-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-11-8 386-679-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #