

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001618

FILED
Jan 11, 2009
Secretary of State

Entity Name: PHEASANT RUN WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

814 PHEASANT RUN CT W
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

814 PHEASANT RUN CT W
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 26-0780487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DR. DANNY C PARRISH

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALBREATH, BRENDAN
Address: 824 PHEASANT CT. W.
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: BOWLING, MARK
Address: 1373 HYDE PARK DR
City-St-Zip: PORT ORANGE, FL 32124

Title: TR () Delete
Name: PARRISH, DANNY C DR
Address: 814 PHEASANT RUN CT. W.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DR DANNY C PARRISH

TRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date