FILED
Feb 26, 2003 8:00 am
Secretary of State
02-03-2003 90072 017 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001618

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

55011324

Principal Place of Business	Mailing Address
940 SMOKERISE BLVD PORT ORANGE FL 32127	940 SMOKERISE BLVD PORT ORANGE FL 32127

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
824 Pheasant Run Ct W.		824 Pheasant Run Ct. W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port Orange, FL		City & State: Port Orange, FL	
Zip: 32127	Country: USA	Zip: 32127	Country: USA

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
940 SMOKERISE BLVD
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: Brendan Galbreath
Street Address (P.O. Box Number is Not Acceptable): 824 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 Brendan Galbreath DATE 1-26-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 940 SMOKERISE BLVD PORT ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brendan Galbreath 824 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	D ELLER, DAVID 101 BLUE HERON DR PORT ORANGE FL 32127	☒ 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	D John Cochenour 818 Pheasant Run CT. W. Port Orange, FL 32127	☐ 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 (10/02)

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: SIGNATURE REQUIRED 1-26-03 386-767-4768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #