

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90081 017 ****61.25

DOCUMENT # N03000005136

1. Entity Name
PHEASANT RIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business
**7113 BEECH RIDGE TRAIL SUITE 1
TALLAHASSEE, FL 32312 US**

Mailing Address
**7113 BEECH RIDGE TRAIL SUITE 1
TALLAHASSEE, FL 32312 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006

Chg-NP

CR2E037 (11/05)

4. FEI Number
03-0388642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDDY, MARIE
4580-2 BANNERMAN RD
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

Name **EDDY, MARIE**
Street Address (P.O. Box Number is Not Acceptable)

**7113 Beech Ridge TRAIL, Ste 1
TALLAHASSEE FL 32312**

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

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ASBURY, THOMAS B**
CITY-ST-ZIP **2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **DVPT**
STREET ADDRESS **GHAZVINI, MEHRDAD**
CITY-ST-ZIP **2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **NELSON, TERRY C**
CITY-ST-ZIP **2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/10/06 8941919