

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 012 ****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

60046389



2. Principal Place of Business - No P.O. Box #
3968 N. Monroe St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 180657
Suite, Apt. #, etc.

07312008 Chg-NP CR2E037 (12/06)

City & State
Tallahassee FL
Zip
32303 Country
USA

City & State
Tallahassee FL
Zip
32318 Country
USA

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

RITCHEY, PATRICK F
7113 BEECH RIDGE TRAIL, STE 1
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name
LeAnn Sbordone
Street Address (P.O. Box Number is Not Acceptable)
Homeowners Association Services
3968 N. Monroe St.
City
Tallahassee FL Zip Code
32303

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 **LeAnn Sbordone - LeAnn Sbordone - Manager** **8-4-08**
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 September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BERLER, ELLEN 2761 FOX HOLLOW CT TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALAN, GRACIE 3364 LAKE RUN DR. TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIACOBBE, LISA 3327 LAKE RUN DR TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIBSON, BOB 3335 LAKE RUN DR TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Miles 2764 Fox Hollow Ct Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LeAnn Sbordone - Manager** **8-4-08** **850-562-8708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #