

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31769 (5)
 1. Corporation Name
PHEASANT RUN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business PHEASANT RUN BLVD WEST PALM BEACH FL 33415 US	Mailing Address PHEASANT RUN BLVD WEST PALM BEACH FL 33415 US
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3. Date Incorporated or Qualified 04/18/1989	
4. FEI Number 65-0239441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**TOUCHSTONE WEBB MBMT.
5710 S. DIXIE HWY., STE A
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **2-19-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, DORIS	
STREET ADDRESS	88 PHEASANT RUN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VAN WIE, JOAN	
STREET ADDRESS	5481 POINTER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JACQUES, COLLEEN	
STREET ADDRESS	5401 PINNACLE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANNER, BART	
STREET ADDRESS	63 PLUMMAGE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	RUELKE, DAVID	
STREET ADDRESS	116 PLUMMAGE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALTHEA JOHNSON	
1.3 STREET ADDRESS	5491 POINTER DR.	
1.4 CITY-ST-ZIP	W. PALM BEACH, FL 33415	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEBORAH BIPPER	
3.3 STREET ADDRESS	67 PLUMMAGE LANE	
3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33415	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/19/97** **187-3161**

CP2E037 (10/97)