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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31769

1. Corporation Name

PHEASANT RUN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5710 S. DIXIE HIGHWAY
 SUITE A
 WEST PALM BEACH FL 33405
 US

Mailing Address

5710 S. DIXIE HIGHWAY
 SUITE A
 WEST PALM BEACH FL 33405
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/18/1989

4. FEI Number

65-0239441

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 **DAVID M. RUELKE, PRESIDENT**
 82 Street Address (P.O. Box Number is Not Acceptable)
116 Plumage Lane
 83
 84 City **West Palm Beach** 85 Zip Code **FL 33415**

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 David M. Ruelke, President

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ALTHEA JOHNSON	
STREET ADDRESS	5491 POINTER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VAN WIE, JOAN	
STREET ADDRESS	5461 POINTER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEBORAH GIPPER	
STREET ADDRESS	67 PLUMMAGE LN	
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	PD	<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	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Doris Rowe	
1.3 STREET ADDRESS	86 Pheasant Run Blvd.	
1.4 CITY-ST-ZIP	West Palm Beach FL 33415	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeanette Borg	
2.3 STREET ADDRESS	15805 Meadow Wood Dr.	
2.4 CITY-ST-ZIP	Wellington, FL 33414	
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gordon Broom	
3.3 STREET ADDRESS	86 Plumage Lane	
3.4 CITY-ST-ZIP	West 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		<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)(i), 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, with all other like empowered.

SIGNATURE: David M. Ruelke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-687-0371
 Date Daytime Phone #

CR2E037 (1/198)