

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0046878

**DOCUMENT # N31769**

1. Entity Name

**PHEASANT RUN HOMEOWNERS' ASSOCIATION, INC.**

05-16-2001 90207 030 \*\*\*\*61.25

Principal Place of Business <del>C/O BANYAN PROPERTY MANAGEMENT</del> 2328 S CONGRESS AVE STE 1C WEST PALM BEACH FL 33406 US	Mailing Address <del>C/O BANYAN PROPERTY MANAGEMENT</del> 2328 S CONGRESS AVE STE 1C WEST PALM BEACH FL 33406 US
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80057371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2328 S. Congress Ave Suite, Apt. #, etc. <b>Ste 1C</b>	3. Mailing Address 2328 S Congress Ave Suite, Apt. #, etc. <b>Ste 1C</b>
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City & State <b>West Palm Beach FL</b>	City & State <b>West Palm Beach FL</b>	4. FEI Number <b>65-0239441</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33406</b>	Country <b>USA</b>	Zip <b>33406</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**RUELKE, DAVID M**  
**116 PLUMAGE LN**  
**WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name: **St. John, Dicker, Krivok & Core PA**  
 Street Address (P.O. Box Number is Not Acceptable):  
**500 Australian Ave. South**  
**Suite 600**  
 City: **West Palm Beach** FL Zip Code: **33401**

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.

SIGNATURE: *Edw Dicker of St John Dicker Krivok & Core PA 4/30/01*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUELKE, DAVID M 116 PLUMAGE LANE WEST PALM BCH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORG, JEANETTE 15805 MEADOW WOOD DR WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLANCO, JACKIE 99 PLUMMAGE LN WEST PALM BEACH FL 33415	<input 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
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	PD West Jennair 5420 PINNACLE LN West Palm Beach FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D BORG, Jeanette 15805 Meadowwood DR West Palm Beach FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Blanco, Jackie 99 Plumage LN West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Quiles, Ann 5510 Painter DR West Palm Beach FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cominno, Joseph 135 Plumage LN West Palm Beach FL 33415	<input type="checkbox"/> Change <input checked="" 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 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) Squared Quiles* April 19, 2001 (561) 649-8985

CR2E037 (10/00)