

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **748393** (6)

1. Corporation Name  
**PHOENIX SUBDIVISION OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 12869 P.O. BOX 12869  
GAINESVILLE FL 32604-0869 GAINESVILLE FL 32604-0869

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/07/1979</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-2168291</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> <del>BOKES</del> <b>N/A</b>	2a. Mailing Address <b>26</b> <b>N/A</b>
Suite, Apt. #, etc.	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  
~~BROWN LOUISE S.  
3924 NW 32ND PL  
GAINESVILLE FL 32604-0869~~

10. Name and Address of New Registered Agent  
**81** Name **Barbara Vineyard**  
**82** Street Address (P.O. Box Number is Not Acceptable) **2632 NW 43rd St, B100**  
**83**  
**84** City **Gainesville** **FL** **85** Zip Code **32606**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Barbara Vineyard DATE 1/26/95  
Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BROWN, LOUISE S.</b>
STREET ADDRESS	<b>3924 NW 32ND PL</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
TITLE	<b>PD</b>
NAME	<b>VINEYARD, BARBARA</b>
STREET ADDRESS	<b>2632 NW 43RD ST B100</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
TITLE	<b>D</b>
NAME	<b>FISCHER, STEVEN</b>
STREET ADDRESS	<b>3415 NW 177TH AVE.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32609</b>
TITLE	<del><b>B</b></del>
NAME	<del><b>HANMER, MICHAEL</b></del>
STREET ADDRESS	<del><b>616 NW 10TH AVE.</b></del>
CITY-ST-ZIP	<del><b>GAINESVILLE FL 32601</b></del>
TITLE	<del><b>D</b></del>
NAME	<del><b>BOHANNON, R.A.</b></del>
STREET ADDRESS	<del><b>3802 TIGER EYE COURT</b></del>
CITY-ST-ZIP	<del><b>MULBERRY FL 33880</b></del>
TITLE	<del><b>B</b></del>
NAME	<del><b>MENDOZA, PATRICIA</b></del>
STREET ADDRESS	<del><b>1219 W. UNIVERSITY AVE</b></del>
CITY-ST-ZIP	<del><b>GAINESVILLE FL 32601</b></del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b>
1.2 NAME	<b>Steven Trinity</b>
1.3 STREET ADDRESS	<b>Rt 1, Box 2411</b>
1.4 CITY-ST-ZIP	<b>Trenton, FL 32693</b>
2.1 TITLE	<b>EDIT</b>
2.2 NAME	<b>Gail Monahan</b>
2.3 STREET ADDRESS	<b>636 NE 1st St</b>
2.4 CITY-ST-ZIP	<b>Gainesville FL 601</b>
3.1 TITLE	<b>D</b>
3.2 NAME	<b>Richard Rogers</b>
3.3 STREET ADDRESS	<b>1802 NW 10th Ter</b>
3.4 CITY-ST-ZIP	<b>Gainesville FL 32609</b>
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Barbara Vineyard DATE 1/26/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR