
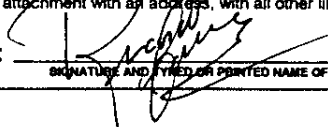


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90209 038 \*\*\*\*61.25

<b>DOCUMENT # 748393</b>					
1. Entity Name PHOENIX SUBDIVISION OWNERS ASSOCIATION, INC.					
Principal Place of Business 2106 NW 13TH ST GAINESVILLE, FL 32609		Mailing Address 2106 NW 13TH ST GAINESVILLE, FL 32609			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/08)	
Zip		Country		4. FEI Number 59-1977190	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGERS, RICHARD 2106 NW 13TH STREET GAINESVILLE, FL 32609			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRO, DAVIE R		NAME	COOPER, TERRY	
STREET ADDRESS	5125 SW 95TH TERR		STREET ADDRESS	PO BOX 141024	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE FL 32614	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILLO, RICARDO		NAME	EVANS, DANIEL	
STREET ADDRESS	3701 NW 17TH LANE		STREET ADDRESS	5745 SW 75 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKE, RODNEY III		NAME	VIERA, GUSTAVO	
STREET ADDRESS	3130 SW 23RD TERRACE		STREET ADDRESS	9230 NW 10 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, STEVEN		NAME	CASTILLO, RICARDO	
STREET ADDRESS	5832 SILVER SANDS CIR		STREET ADDRESS	3701 NW 17 LANE	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RON		NAME		
STREET ADDRESS	703 NE 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVIS, STEPHEN V		NAME		
STREET ADDRESS	527 SW 127TH SR		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
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 address, with all other like empowered.					
SIGNATURE: 		RICARDO CASTILLO		4/30/08 352-376-4581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	