

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90075 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                     |                                                              |                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 748393</b><br>1. Entity Name<br>PHOENIX SUBDIVISION OWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                     |                                                              |                                                                                                                       |  |
| Principal Place of Business<br>2106 NW 13TH ST<br>GAINESVILLE, FL 32609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                     | Mailing Address<br>2106 NW 13TH ST<br>GAINESVILLE, FL 32609  |                                                                                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | 3. Mailing Address                                                                  |                                                              |                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Suite, Apt. #, etc.                                                                 |                                                              |                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | City & State                                                                        |                                                              | 4. FEI Number<br>59-1977190                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Country                                                                             |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |  |
| 6. Name and Address of Current Registered Agent<br><br>ROGERS, RICHARD<br>2106 NW 13TH STREET<br>GAINESVILLE, FL 32609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                     |                                                              |                                                                                                                       |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                    |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                     |                                                              |                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                    | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FERRO, DAVIE R        |                                                                                     | NAME                                                         |                                                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5125 SW 95TH TERR     |                                                                                     | STREET ADDRESS                                               |                                                                                                                       |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GAINESVILLE, FL 32608 |                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CASTILLO, RICARDO     |                                                                                     | NAME                                                         |                                                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3701 NW 17TH LANE     |                                                                                     | STREET ADDRESS                                               |                                                                                                                       |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GAINESVILLE, FL 32605 |                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                    | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BLAKE, RODNEY III     |                                                                                     | NAME                                                         |                                                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3130 SW 23RD TERRACE  |                                                                                     | STREET ADDRESS                                               |                                                                                                                       |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GAINESVILLE, FL 32608 |                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FERNO, KAREN          |                                                                                     | NAME                                                         | FISCHER, STEVEN                                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5126 SW 95TH TERR     |                                                                                     | STREET ADDRESS                                               | 5832 SILVER SANDS CIR                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GAINESVILLE, FL 32608 |                                                                                     | CITY-ST-ZIP                                                  | KEYSTONE HEIGHTS FL 32656                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                     | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COOPER, TERRY D       |                                                                                     | NAME                                                         | ROGERS, RICHARD F                                                                                                     |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3202 SW 26 WAY # A    |                                                                                     | STREET ADDRESS                                               | 2106 NW 13TH ST                                                                                                       |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GAINESVILLE, FL 32609 |                                                                                     | CITY-ST-ZIP                                                  | GAINESVILLE FL 32609                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP                    | <input 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 an address, with all other like empowered. |                       |                                                                                     |                                                              |                                                                                                                       |  |
| <b>SIGNATURE:</b> <u>Rodney Blake III</u> <b>RODNEY BLAKE III</b> <u>2/22/06</u> <u>352-376-4581</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                     |                                                              |                                                                                                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                     |                                                              |                                                                                                                       |  |