

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768772 (6)

1. Corporation Name

PHOENIX SUBDIVISION PHASE II OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1202 NW 9TH AVE
GAINESVILLE FL 32601
US

1202 NW 9TH AVE
GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified

06/06/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 502 NW 16th AVE

26 502 NW 16th Avenue

4. FEI Number

59-2970664

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 Gainesville FL

28 Gainesville, FL

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32601

25 USA

29 32601

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, SALLY ANN
1202 NW 9TH AVE
GAINESVILLE FL 32601

81 Name

Sally Ann Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

502 NW 16th Avenue

83

84 City

Gainesville,

FL

85 Zip Code

32601

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

[Signature]

SALLY ANN WILSON

4-18-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DT
DANIEL, THOMAS A.
623 N. MAIN ST.
GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
WILSON, SALLY ANN
1202 NW 9TH AVE
GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
WARREN, MICHAEL
1202 NW 9TH AVE
GAINESVILLE FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BRINSON, MONA
1100 SE 52ND COURT
OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
DP
Sally Ann Wilson
502 NW 16th Avenue
Gainesville, FL 32601

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
VDP
Michael E. Warren
502 NW 16th Avenue
Gainesville, FL 32601

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-18-96

(352) 371-8100

Date

Daytime Phone #

SALLY ANN WILSON

CP2E037 (12/95)