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Secretary of State

04-29-1999 90169 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768772					
1. Corporation Name PHOENIX SUBDIVISION PHASE II OWNERS ASSOCIATION, INC.					
Principal Place of Business 502 NW 16TH AVE GAINESVILLE FL 32601 US			Mailing Address 502 NW 16TH AVENUE GAINESVILLE FL 32601 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/06/1983 4. FEI Number 59-2970664 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution	
9. Name and Address of Current Registered Agent SHIFRIN, ARTHUR N 502 NW 16TH AVE GAINESVILLE FL 32601			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, THOMAS A.	1.2 NAME	
STREET ADDRESS	623 N. MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFRIN, ARTHUR N	2.2 NAME	
STREET ADDRESS	502 NW 16TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VDP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, MICHAEL	3.2 NAME	
STREET ADDRESS	502 NW 16TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Dennis Smith
STREET ADDRESS		4.3 STREET ADDRESS	726 NW 8th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gary Lang
STREET ADDRESS		5.3 STREET ADDRESS	2666 SW 56th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Tatiana Castillo
STREET ADDRESS		6.3 STREET ADDRESS	7317 SW 45th Place, Apt. D
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Gainesville, FL 32608

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), 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, with all other like empowered.

SIGNATURE:

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

21 April 99

352/375-4600

Daytime Phone #

CR2E037 (1/98)