

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # 768772****1. Entity 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****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-2970664Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**HELMS HARLIE B
502 NW 16TH AVE
GAINESVILLE FL 32601 USName
WILSON SALLY A
Street Address (P.O. Box Number is Not Acceptable)
502 NW 16TH AVE
City
GAINESVILLE FL Zip Code
32601**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.****SIGNATURE SALLY ANN WILSON****04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE D ☐ Delete
NAME CASTILLO TATIANA
STREET ADDRESS 7317 SW 45TH PL, APT D
CITY-ST-ZIP GAINESVILLE FL 32608TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME LANG GARY
STREET ADDRESS 2666 SW 55TH AVE
CITY-ST-ZIP GAINESVILLE FL 32608TITLE D ☒ Change ☐ Addition
NAME BLAKE RODNEY
STREET ADDRESS P.O. BOX 2727
CITY-ST-ZIP GAINESVILLE FL 34424TITLE D ☐ Delete
NAME SMITH DENNIS
STREET ADDRESS 726 NW 8TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32601TITLE D ☒ Change ☐ Addition
NAME DOWST ROGER
STREET ADDRESS 3102 SW 5TH COURT
CITY-ST-ZIP GAINESVILLE FL 32601TITLE VDP ☐ Delete
NAME WARREN MICHAEL
STREET ADDRESS 502 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DP ☐ Delete
NAME HELMS HARLIE B
STREET ADDRESS 502 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FLTITLE DP ☒ Change ☐ Addition
NAME WILSON SALLY A
STREET ADDRESS 502 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FLTITLE DT ☐ Delete
NAME DANIEL, THOMAS A.
STREET ADDRESS 623 N. MAIN ST.
CITY-ST-ZIP GAINESVILLE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.****SIGNATURE: Michael E. Warren**

VDP

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax-time Phone #

CR2E037 (11/00)