

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 011 ****61.25

DOCUMENT # 768772

1. Entity Name
PHOENIX SUBDIVISION PHASE II OWNERS
ASSOCIATION, INC.



Principal Place of Business
2106 NW 13TH ST
GAINESVILLE, FL 32609 US

Mailing Address
2106 NW 13TH ST
GAINESVILLE, FL 32609 US

40014516



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2970664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, RICHARD
2106 NW 13TH STREET
GAINESVILLE, FL 32609

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | DANIEL, THOMAS A |
| STREET ADDRESS | 623 N. MAIN ST. |
| CITY-ST-ZIP | GAINESVILLE, FL |
| TITLE | SD |
| NAME | BLAKE, RODNEY III |
| STREET ADDRESS | 3130 S.W 23RD TERRACE |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 |
| TITLE | PD |
| NAME | WARREN, MICHAEL |
| STREET ADDRESS | 502 NW 16TH AVENUE |
| CITY-ST-ZIP | GAINESVILLE, FL |
| TITLE | D |
| NAME | FISCHER, STEVEN |
| STREET ADDRESS | 5832 SILVER SANOS CIR |
| CITY-ST-ZIP | KEYSTONE HEIGHTS, FL 32656 |
| TITLE | VD |
| NAME | CASTILLO, RICARDO |
| STREET ADDRESS | 3701 NW 17TH LANE |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 |
| TITLE | TD |
| NAME | HOSTETTLER, NIKLAUS |
| STREET ADDRESS | 2330 SW 31ST PLACE |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 |

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #