

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768772

FILED
Mar 10, 2009
Secretary of State

Entity Name: PHOENIX HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2106 NW 13TH ST
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

2106 NW 13TH ST
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-2970664 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DANIEL, THOMAS A
Address: 623 N. MAIN ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: VD () Delete
Name: BLAKE, RODNEY III
Address: 2339 S.W 31ST PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: WARREN, MICHAEL
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: FISCHER, STEVEN
Address: 5832 SILVER SANOS CIR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: CASTILLO, RICARDO
Address: 3701 NW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: VIERA, GUSTAVO
Address: 9230 NW 10TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WARREN

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date