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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768772

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

Principal Place of Business	Mailing Address
502 NW 16TH AVE GAINESVILLE, FL 32601 US	502 NW 16TH AVENUE GAINESVILLE, FL 32601 US

X CHECK HERE IF MAKING CHANGES

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 59-2970664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, MICHAEL E 502 NW 16TH AVE GAINESVILLE, FL 32601	Name: Ed Baur Management Inc Street Address (P.O. Box Number is Not Acceptable): 726 NW 8th Avenue 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: E. Edward O. Baur 7/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing) DATE

FILE NOW: FEE ($561.25) Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DANIEL, THOMAS A. 623 N. MAIN ST. GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Castillo, Gloria 3701 NW 17 Lane Gainesville FL 32605	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLAKE, RODNEY III 3130 S.W 23RD TERRACE GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Churchill, Tillis James 3130 SW 23 Terrace Gainesville FL 32608	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARREN, MICHAEL 502 NW 16TH AVENUE GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, STEVEN 5932 SILVER SANOS CIR KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASTILLO, RICARDO 3701 NW 17TH LANE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/8/22	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, MOLLY 5700 SW 34TH STREET GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas A Daniel TBES 8/5/03 3523784438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #