


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90029 032 \*\*\*\*61.25

<b>DOCUMENT # N04000008053</b>					
<b>1. Entity Name</b> PHOENIX COURT CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 213-215 E VOORHIS AVE DELAND, FL 32724			<b>Mailing Address</b> 302 S. HAYDEN AVENUE DELAND, FL 32724		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 220 S. Brinkley Dr  Suite, Apt. #, etc.			
<b>City &amp; State</b>  City: Deland State: FL		<b>4. FEI Number</b> 36-4562891		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 32724	<b>Country</b> FL	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  RUEDA, FRANK 220 S BRINKLEY DR DELAND, FL 32724			<b>7. Name and Address of New Registered Agent</b>  Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>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.</b>  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> RUEDA, FRANK		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 220 S BRINKLEY DR	<b>CITY-ST-ZIP</b> DELAND, FL 32724		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DV	<b>NAME</b> RUSSO, MICHAEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2812 FORREST EDGE DR	<b>CITY-ST-ZIP</b> DELTONA, FL 32725		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DST	<b>NAME</b> PINTO, LINDA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 520 SANDY BLUFF TRL, TRAILS W	<b>CITY-ST-ZIP</b> DELAND, FL 32724		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Frank Rueda - President</i>			<b>3-15-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		