


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

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000007042 1. Entity Name PHOENICIA CENTER CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 7932 W SANDS LK RD # 300 ORLANDO, FL 32819	Mailing Address 7932 W SANDS LK RD # 300 ORLANDO, FL 32819
---	---

DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3339562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARB, A. TOM 7594 WEST SAND LAKE RD ORLANDO, FL 32819	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000611116 02/02/07-80046-022 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARB, A. TOM 7594 WEST SAND LAKE RD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JEBAILLY, PAUL 7594 WEST SAND LAKE RD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JEBAILLY, RAQUEL 7594 WEST SAND LAKE RD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 all other like empowered.

SIGNATURE:  **1-24-07 407-226-8888**
SIGNATURE AND FEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #