

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007042

FILED  
Feb 19, 2008  
Secretary of State

**Entity Name:** PHOENICIA CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7932 W SANDS LK RD  
# 300  
ORLANDO, FL 32819

**New Principal Place of Business:**

7932 W SAND LAKE ROAD  
102  
ORLANDO, FL 32819

**Current Mailing Address:**

7932 W SANDS LK RD  
# 300  
ORLANDO, FL 32819

**New Mailing Address:**

7932 W SAND LAKE ROAD  
102  
ORLANDO, FL 32819

**FEI Number:** 20-3339562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARB, A. TOM  
7594 WEST SAND LAKE RD  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

HARB, A. TOM  
7932 W SAND LAKE ROAD  
STE 102  
ORLANDO, FL 32819 US

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:

02/19/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARB, A. TOM  
Address: 7594 WEST SAND LAKE RD  
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete  
Name: JEBAILEY, PAUL  
Address: 7594 WEST SAND LAKE RD  
City-St-Zip: ORLANDO, FL 32819

Title: STD ( ) Delete  
Name: JEBAILEY, RAQUEL  
Address: 7594 WEST SAND LAKE RD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HARB, A. TOM  
Address: 7932 W SAND LAKE ROAD STE 102  
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Change ( ) Addition  
Name: JEBAILEY, PAUL  
Address: 7932 W SAND LAKE ROAD STE 102  
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change ( ) Addition  
Name: JEBAILEY, RAQUEL  
Address: 7932 W SAND LAKE ROAD STE 102  
City-St-Zip: ORLANDO, FL 32819

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: A TOM HARB

PD

02/19/2008

Electronic Signature of Signing Officer or Director

Date