

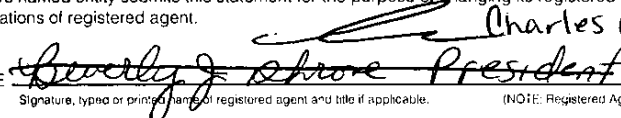
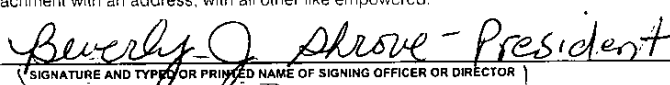


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 12 PM 3:27

<b>DOCUMENT # N41366</b> 1. Entity Name <b>PHASE SIX TOWNHOMES ASSOCIATION, INC.</b>					
Principal Place of Business <b>7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319 US</b>			Mailing Address <b>7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City &amp; State Coral Springs, FL Zip 33067 Country USA</b>		3. Mailing Address <b>Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City &amp; State Coral Springs, FL Zip 33067 Country USA</b>			
4. FEI Number <b>65-0247323</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SUNRAE PROPERTY MANAGEMENT 7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319</b>			7. Name and Address of New Registered Agent Name <b>Straley + Otto, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2699 Stirling Road Suite C-207 City Hollywood • Ft. Lauderdale FL Zip Code 33312</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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Charles Otto, Esq., Straley + Otto, P.A.</b> </div> <div style="width: 20%; text-align: right;"> <b>8/21/07</b>  <small>DATE</small> </div> </div>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SP</b> <b>SHROVE, BEVERLY</b> <b>5057 SW 123RD TERR</b> <b>COOPER CITY, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Shrove, Beverly</b> <b>5057 SW 123 Terr.</b> <b>Cooper City, FL 33330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>RODRIGUEZ, DIANA</b> <b>5060 SW 123RD TERR</b> <b>COOPER CITY, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Rodriguez, Diana</b> <b>5060 SW 123 Terr.</b> <b>Cooper City, FL 33330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JD</b> <b>LECOUNT, JEFFREY</b> <b>12245 SW 50TH PLACE</b> <b>COOPER CITY, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Lecant, Jeffrey</b> <b>12245 S.W. 50 place</b> <b>Cooper City FL 33330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MANN, MARY T</b> <b>5070 SW 122 TERRACE</b> <b>COOPER CITY, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Riusech, David</b> <b>5051 SW 123 Terrace</b> <b>Cooper City FL 33330</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>David Riusech</b> <b>5051 SW 123 Terrace</b> <b>Cooper City, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5001097122095</b> <b>09/20/07--01048--002 **61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B 9/13/07</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date <b>8/21/07</b> Daytime Phone # <b>954-593-1424</b>		