2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001154

FILED Apr 24, 2008 Secretary of State

Entity Name: THE PHOENIX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ADI PROPERTY MANAGEMENT 63 SARASOTA CENTER BLVD. #104 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

C/O ADI PROPERTY MANAGEMENT 63 SARASOTA CENTER SARASOTA, FL 34240

FEI Number: 65-0746073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADI PROPERTY MANAGEMENT 63 SARASOTA CENTER BLVD #104 SARASOTA, FL 34240 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:

- Flateria Circular d'Arrel

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: P (X) Change () Addition

 Name:
 KEYSER, VIKKI
 Name:
 KEYSER, VIKKI

 Address:
 136 GOLDEN GATE PT. DR., #201N
 Address:
 136 GOLDEN GATE PT. DR., #201N

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: P () Delete Title: VP (X) Change () Addition

Name: PARKER, BRENT Name: PARKER, BRENT
Address: 136 GOLDEN GATE PT. DR. UNIT # Address: 136 GOLDEN GATE PT. DR. UNIT #601N

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: VP/S () Delete Title: ST (X) Change () Addition

Name: RYLEE, BOB Name: PEAKE, RICHARD

Address: 136 GOLDEN GATE PT. DR., #501 N Address: 136 GOLDEN GATE PT. DR., #501N

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: AD () Delete Title: AS (X) Change () Addition
Name: ADI PROPERTY MANAGEM, ENT
Address: 63 SARASOTA CENTER BLVD Address: 63 SARASOTA CENTER BLVD

City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34240

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: ELISE ANGELORO AS 04/24/2008