

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90052 015 ****61.25

0067809

DOCUMENT # N98000005112

1. Entity Name

PHOENIX II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2435 HWY 27, NORTH
 DAVENPORT FL 33837

Mailing Address

PO BOX 2464
 WINTER HAVEN FL 33883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

D0049586



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALOGRIDIS, MITCHELL
2435 HWY 27, NORTH
DAVENPORT FL 33837

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PD	KALOGRIDIS, MITCHELL		
2435 HWY 27, NORTH	2435 HWY 27, NORTH		
DAVENPORT FL 33837	DAVENPORT FL 33837		
D	KALOGRIDIS, MITCHELL D		
2435 HWY 27, NORTH	2435 HWY 27, NORTH		
DAVENPORT FL 33837	DAVENPORT FL 33837		
D	EMELIO, EVA		
2435 HWY 27, NORTH	2435 HWY 27, NORTH		
DAVENPORT FL 33837	DAVENPORT FL 33837		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mitchell Kalogridis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date Daytime Phone #

CR2E037 (10/00)