2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005112

FILED Feb 03, 2005 Secretary of State

Entity Name: PHOENIX II HOMEOWNERS ASSOCIATION, INC.

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

2435 HWY 27, NORTH
DAVENPORT, FL 33837

41016 HWY 27, NORTH
DAVENPORT, FL 33837

DAVENPORT, FL 33837

Current Mailing Address: New Mailing Address:

4501 GRAND CYPRESS DRIVE AUSTIN, TX 78747

FEI Number: 59-3473121 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:

KALOGRIDIS, MITCHELL D
2435 HWY 27, NORTH
DAVENPORT, FL 33837 US

KALOGRIDIS, MITCHELL D
41016 HWY 27, NORTH
DAVENPORT, FL 33837 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: MITCHELL D. KALOGRIDIS 02/03/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KALOGRIDIS, MITCHELL
 Name:
 KALOGRIDIS, MITCHELL D

 Address:
 2435 HWY 27, NORTH
 Address:
 4501 GRAND CYPRESS DR.

 City-St-Zip:
 DAVENPORT, FL 33837
 City-St-Zip:
 AUSTIN, TX 78747

Title: D (X) Delete Title: () Change () Addition

 Name:
 KALOGRIDIS, MITCHELL D
 Name:

 Address:
 4501 GRAND CYPRESS DR
 Address:

 City-St-Zip:
 AUSTIN, TX 78747
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MITCHELL D. KALOGRIDIS PD 02/03/2005

Electronic Signature of Signing Officer or Director

Date