


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90030 007 ****61.25

DOCUMENT # N98000005112

1. Entity Name
PHOENIX II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 41016 HWY 27, NORTH
 DAVENPORT, FL 33837

Mailing Address
 4501 GRAND CYPRESS DRIVE
 AUSTIN, TX 78747

40100520



2. Principal Place of Business
 622 W. LEMON ST.
 Suite, Apt. #, etc.

3. Mailing Address
 622 W. LEMON ST.
 Suite, Apt. #, etc.

07132006 Chg-NP CR2E037 (4/06)

City & State
 DAVENPORT, FL

City & State
 DAVENPORT, FL

Zip
 33837

Country
 USA

Zip
 33837

Country
 USA

4. FEI Number
 59-3473121

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALOGRIDIS, MITCHELL D
 41016 HWY 27, NORTH
 DAVENPORT, FL 33837

7. Name and Address of New Registered Agent

Name
 DOUGLAS L. MEEK

Street Address (P.O. Box Number is Not Acceptable)
 622 W. LEMON ST.

City
 DAVENPORT

State
 FL

Zip Code
 33837

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.

SIGNATURE:  DATE: 7-17-06

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

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALOGRIDIS, MITCHELL D 4501 GRAND CYPRESS DR. AUSTIN, TX 78747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS MEEK 622 W. LEMON ST. DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON AKIN 588 W. LEMON ST. DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ANNAMARIE AKIN 588 W. LEMON ST. DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACQUELINE BURNS 621 W. LEMON ST. DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  DATE: 7-17-06 DAYTIME PHONE: 863-287-9713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR