

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
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40100520



2. Principal Place of Business 622 W. LEMON ST. Suite, Apt. #, etc.	3. Mailing Address 622 W. LEMON ST. Suite, Apt. #, etc.
City & State DAVENPORT, FL	City & State DAVENPORT, FL
Zip 33837	Country USA

07132006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3473121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 FL Zip Code 33837
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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: *[Signature]* DATE: 7-17-06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	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	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* DATE: 7-17-06 DAYTIME PHONE: 863-287-9713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR