


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 028 ***150.00

DOCUMENT # P98000054869		
1. Entity Name PHOENIX HOMES AT ORANGETREE, INC.		

Principal Place of Business 3000 ORANGE GROVE TRAIL NAPLES, FL 34120	Mailing Address 3000 ORANGE GROVE TRAIL NAPLES, FL 34120
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2. Principal Place of Business - No P.O. Box # 4500 EXECUTIVE DRIVE Suite, Apt. #, etc. 110	3. Mailing Address 4500 EXECUTIVE DR Suite, Apt. #, etc. 110
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City & State NAPLES FL	City & State NAPLES FL
Zip 34119	Country USA

04182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3517720	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLLT, ROBERTO 3000 ORANGE GROVE TRAIL NAPLES, FL 34120	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DRIVE # 110 City NAPLES FL Zip Code 34119	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/18/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOLLT, ROBERTO 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4500 EXECUTIVE DRIVE # 110 NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWITZ, STEPHEN G 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4500 EXECUTIVE DRIVE # 110 NAPLES FL 34119 <input checked="" 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
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
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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 the report as required by Chapter 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/18/07 239 596 4088 <small>Date Daytime Phone #</small>