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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727694 (2)

1. Corporation Name
ECONFINA ESTATES PARK, INC.



Principal Place of Business 801 FLORIDA AVE. P.O. BOX 1113 LYNN HAVEN FL 32444	Mailing Address 801 FLORIDA AVE. P.O. BOX 1113 LYNN HAVEN FL 32444-1113
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3. Date Incorporated or Qualified 10/09/1973	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1764992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BREAULT, TIMOTHY A 7308 LONE CEDAR DRIVE YOUNGSTOWN FL 32466	10. Name and Address of New Registered Agent 81 Name SANDY SANDERS 82 Street Address (P.O. Box Number is Not Acceptable) 7237 ECONFINA ESTATES RD. 83 84 City YOUNGSTOWN, FL 85 Zip Code 32466
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	NAME BREAULT, JOAN	1.1 TITLE Whildon Blackwell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7308 LONE CEDAR DR	CITY-ST-ZIP YOUNGSTOWN FL	1.2 NAME 4003 W. 16th ST	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS PANAMA CITY, FL 32401	
		1.4 CITY-ST-ZIP	
TITLE P	NAME BREAULT, TIMOTHY	2.1 TITLE SANDY SANDERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7308 LONE CEDAR DR	CITY-ST-ZIP YOUNGSTOWN FL	2.2 NAME 7237 ECONFINA ESTATES RD	
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS YOUNGSTOWN, FL 32466	
		2.4 CITY-ST-ZIP	
TITLE V	NAME JURGONSKI, ROBERT	3.1 TITLE Richard Green	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7255 ECONFINA ESTATES RD	CITY-ST-ZIP YOUNGSTOWN FL	3.2 NAME 7260 ECONFINA ESTATES RD	
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS YOUNGSTOWN, FL 32466	
		3.4 CITY-ST-ZIP	
TITLE D	NAME MURRAY, BECKY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7260 ECONFINA ESTATES ROAD	CITY-ST-ZIP YOUNGSTOWN FL 32466	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME SIRMONS, DON	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1038 COLLEGE BLVD	CITY-ST-ZIP LYNN HAVEN FL 32466	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME HARDER, HOLDEN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5521 W. HIGHWAY 98	CITY-ST-ZIP PANAMA CITY FL	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SANDY SANDERS** *Sandy Sanders* 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010112

CR2E037 (9/96)