

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001899

FILED
Mar 02, 2005
Secretary of State

Entity Name: ECON WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-0303707 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, SCOTT
Address: 411 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: GREENAWALT, TOM
Address: 411 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: VON DREELE, WAYNE
Address: 411 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CEMONI, LYNDASAY
Address: 14127 ECON WOODS LN
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change () Addition
Name: UPTON, TOMMY
Address: 14243 ECON WOODS LN
City-St-Zip: ORLANDO, FL 32826

Title: STD (X) Change () Addition
Name: MARSHALL, BRAD
Address: 13872 ECON WOODS LN
City-St-Zip: ORLANDO, FL 32826

Title: D () Change (X) Addition
Name: RICHARDSON, KEITH
Address: 14109 ECON WOODS LN
City-St-Zip: ORLANDO, FL 32826

Title: D () Change (X) Addition
Name: FYFFE, SALLY
Address: 13836 ECON WOODS LN
City-St-Zip: ORLANDO, FL 32826

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: LYNDASAY CEMONI

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date