

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90128 048 ****61.25

DOCUMENT # N03000001899

1. Entity Name

ECON WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 677307
ORLANDO FL 32867-7307

P.O. BOX 677307
ORLANDO FL 32867-7307



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-0303707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CEMONI, LYNDASAY | |
| STREET ADDRESS | 14127 ECON WOODS LN | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | UPTON, TOMMY | |
| STREET ADDRESS | 14243 ECON WOODS LN | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | MARSHALL, BRAD | |
| STREET ADDRESS | 13872 ECON WOODS LN | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RICHARDSON, KEITH | |
| STREET ADDRESS | 14109 ECON WOODS LN | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FYFFE, SALLY | |
| STREET ADDRESS | 13836 ECON WOODS LN | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Forty, Alex | |
| STREET ADDRESS | 14308 Econ Woods Ln | |
| CITY-ST-ZIP | Orlando, FL 32826 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brooks, Steven | |
| STREET ADDRESS | 14333 Econ Woods Ln | |
| CITY-ST-ZIP | Orlando, FL 32826 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mendenhall, Ken | |
| STREET ADDRESS | 14007 Econ Woods Ln | |
| CITY-ST-ZIP | Orlando, FL 32826 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06

Phone #