

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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50 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Janet B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002598 (1)
1. Corporation Name
ECON OAKS HOMEOWNERS ASSOCIATION OF ORLANDO, INC

Principal Place of Business	Mailing Address
9319 RAVEN DELL ST. ORLANDO FL 32825 US	9319 RAVEN DELL ST. ORLANDO FL 32825 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 08/09/1994
4. FEI Number 59-3198962	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199 USF, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 9319 RAVEN DELL ST	26 9319 RAVEN DELL ST
Suite, Apt # etc	Suite, Apt #, etc
22	27
City & State	City & State
23 ORLANDO, FL	28 ORLANDO, FL
Zip	Country
24 32825	25 USA
29 32825	30 USA

g. Name and Address of Current Registered Agent

**HILL, PETER N.
135 W. CENTRAL BLVD.
SUITE 700
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JAMES E.	12 NAME	DOUGLAS C. SMITH
STREET ADDRESS	9319 RAVEN DELL ST.	13 STREET ADDRESS	9319 RAVEN DELL ST.
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	ORLANDO, FL 32825
TITLE	STD	21 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUICKEL, PAM	22 NAME	CARLOS
STREET ADDRESS	850 MELLOWOOD AVE.	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO, FL 32825
TITLE	VD	31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, ALLEN	32 NAME	JAMES BROCK
STREET ADDRESS	9421 RAVEN DELL STREET	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	ORLANDO, FL 32825
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, as changed or on an attachment with an address.

SIGNATURE: Douglas C. Smith 3/27/95 487 297-0820
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR