

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002598 (1)
 1. Corporation Name
ECON OAKS HOMEOWNERS ASSOCIATION OF ORLANDO, INC



Principal Place of Business Mailing Address
 9342 RAVEN DELL ST ORLANDO FL 32825 US
 9342 RAVEN DELL ST ORLANDO FL 32825 US

3. Date Incorporated or Qualified **06/09/1993** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-3198962** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **135 W. CENTRAL BLVD -** 26 **P.O. BOX 2327**
 Suite, Apt #, etc. Suite, Apt. #, etc.
 22 **STE. 700** 27
 City & State City & State
 23 **ORLANDO, FL** 28 **ORLANDO, FL**
 Zip Country Zip Country
 24 **32801** 25 **USA** 29 **32802** 30 **USA**

9. 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 **FL** 85 Zip Code

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 *[Signature]* **7-28-96**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DOUGLAS C	1.2 NAME	Brock, James
STREET ADDRESS	9342 RAVEN DELL ST	1.3 STREET ADDRESS	9349 Raven Dell st.
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orlando FL 32825
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President / D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUICKEL, CARLOS	2.2 NAME	Rick Buicke
STREET ADDRESS	850 MELLOWOOD AVE.	2.3 STREET ADDRESS	850 Mellowood
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, FL 32825
TITLE	VO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, JAMES	3.2 NAME	Greg Dawes
STREET ADDRESS	9421 RAVEN DELL STREET	3.3 STREET ADDRESS	9465 Raven Dell st.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, FL 32825
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	David Flatt
STREET ADDRESS		4.3 STREET ADDRESS	9402 Raven Dell st.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Orlando, FL 32825
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

400001920644 Change Addition
 -08/13/96--01126--007
 ***61.25

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 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: *[Signature]* **26 July 96 (407) 282-0052**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JAMES K. BROCK

CR2E037 (3/96)