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06-30-1999 90007 013 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000002598**

1. Corporation Name  
**ECON OAKS HOMEOWNERS ASSOCIATION OF ORLANDO, INC**

Principal Place of Business 850 MELLOWOOD AVE. ORLANDO FL 32825 US	Mailing Address 850 MELLOWOOD AVE. ORLANDO FL 32825 US
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2. Principal Place of Business 21 <b>861 Mellowood Ave</b>	2a. Mailing Address 26 <b>861 Mellowood Ave</b>	3. Date Incorporated or Qualified <b>06/09/1993</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3198962</b>
City & State 23 <b>Orlando, FL</b>	City & State 28 <b>Orlando, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>32825</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29 <b>USA</b>	Zip 30 <b>32825</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <b>HILL, PETER N.</b>		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>837 MELLOWOOD AVE.</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City <b>ORLANDO FL 32825</b>		84 City <b>FL</b>	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUICKEL, RICHARD W 850 MELLOWOOD AVE ORLANDO FL 32825	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, STEVEN 9336 RAVEN DELL ST. ORLANDO FL 32825	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINNER, BRUCE 9313 RAVEN DELL ST. ORLANDO FL 32825	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLATT, DAVID 9402 RAVEN DELL STREET ORLANDO FL 32825	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 6-28-99 407 275-7304  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)