

FILE NOW: FILING FEE IS \$61.25

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Jun 30, 1999 8:00 am  
Secretary of State

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

0018217

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



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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HILL, PETER N. 837 MELLOWOOD AVE. ORLANDO FL 32825				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUICKEL, RICHARD W		1.2 NAME	Joe Bell	
STREET ADDRESS	850 MELLOWOOD AVE		1.3 STREET ADDRESS	843 Mellowood Ave	
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEVEN		2.2 NAME	John Butler	
STREET ADDRESS	9336 RAVEN DELL ST.		2.3 STREET ADDRESS	9427 Raven Dell St	
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINNER, BRUCE		3.2 NAME	Jim Brock	
STREET ADDRESS	9313 RAVEN DELL ST.		3.3 STREET ADDRESS	9319 Raven Dell St.	
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLATT, DAVID		4.2 NAME	Deborah Utz	
STREET ADDRESS	9402 RAVEN DELL STREET		4.3 STREET ADDRESS	861 Mellowood Ave	
CITY-ST-ZIP	ORLANDO FL 32825		4.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Deborah Utz REQUIRED 6-28-99 407 275-7304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)