2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002598

FILED Feb 01, 2004 Secretary of State

Entity Name: ECON OAKS HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business:

850 MELLOWOOD AVE ORLANDO, FL 32828 US

Current Mailing Address: New Mailing Address:

850 MELLOWOOD AVE ORLANDO, FL 32828 US

FEI Number: 59-3198962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILL, PETER N 837 MELLOWOOD AVE ORLANDO, FL 32825 US

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.

SIGNATURE:

Address:

City-St-Zip:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete JACOBS, TRACY GOWERS, JAMES Name: Name: 8330 RAVEN DELL ST Address: 9323 RAVEN DELL ST Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

(X) Change () Addition Title: VD () Delete Title: Name: DOYLE, PETER Name: DOYLE, HELENE

Address: 9300 RAVEN DELL ST Address: 9300 RAVEN DELL ST City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US

Title: () Delete Title: (X) Change () Addition

BUICKEL, PAM BUICKEL, PAMELA Name: Name: 850 MELLOWOOD AVE 850 MELLOWOOD AVE Address: Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US

Title: SD (X) Delete Title: () Change () Addition Name:

YTZ, DEB Name: 861 MELLOWOOD AVE Address: ORLANDO, FL 32825 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BUICKEL TD 02/01/2004