

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2005
Secretary of State**

DOCUMENT# N93000002598

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

Current Principal Place of Business:

850 MELLOWOOD AVE
ORLANDO, FL 32828 US

New Principal Place of Business:

849 MELLOWOOD AVE
ORLANDO, FL 32825 US

Current Mailing Address:

850 MELLOWOOD AVE
ORLANDO, FL 32828 US

New Mailing Address:

PMB 384
425 S. CHICKASAW TRAIL
ORLANDO, FL 32825 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GOWERS, JAMES
Address: 9323 RAVEN DELL ST
City-St-Zip: ORLANDO, FL 32825

Title: PD () Delete
Name: DOYLE, HELENE
Address: 9300 RAVEN DELL ST
City-St-Zip: ORLANDO, FL 32825 US

Title: TD () Delete
Name: BUICKEL, PAMELA
Address: 850 MELLOWOOD AVE
City-St-Zip: ORLANDO, FL 32825 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROCK, JIM
Address: 9349 RAVEN DELL ST
City-St-Zip: ORLANDO, FL 32825

Title: VD (X) Change () Addition
Name: HILL, PETER
Address: 837 MELLOWOOD AVE.
City-St-Zip: ORLANDO, FL 32825 US

Title: SD (X) Change () Addition
Name: BELL, JOE
Address: 843 MELLOWOOD AVE
City-St-Zip: ORLANDO, FL 32825 US

Title: TD () Change (X) Addition
Name: FRIENDS, VERNE
Address: 849 MELLOWOOD AVE.
City-St-Zip: ORLANDO, FL 32825 US

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: VERNE FRIENDS

TD

02/07/2005

Electronic Signature of Signing Officer or Director

Date