2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000002598

FILED Mar 31, 2006 Secretary of State

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

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

837 MELLOWOOD AVE ORLANDO, FL 32825 US

Current Mailing Address: New Mailing Address:

PMB 384 509 S. CHICKASAW TRAIL ORLANDO, FL 32825

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Delete (X) Change () Addition

HILL, PETER N HILL, PETER N Name: Name: 837 MELLOWOOD AVE. Address: 837 MELLOWOOD AVE. Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US

Title: VD () Delete Title: () Change () Addition

Name: CALDERO, JOSE Name: Address: 9403 RAVEN DELL ST. Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip:

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

BLIZARD, THERESA Name: Name: 862 MELLOWOOD AVE Address: Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip:

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

Name: Name: BUICKEL, PAMELA T 850 MELLOWOOD AVE. Address: Address: City-St-Zip: 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 Chapter 119, 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: PETER HILL PD 03/31/2006