

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N93000002598

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

Current Principal Place of Business:

9408 RAVEN DELL ST.
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: PD () Delete
Name: PIERCE, THURSBY
Address: 9408 RAVEN DELL ST.
City-St-Zip: ORLANDO, FL 32825 US

Title: VD () Delete
Name: STICKLER, CHRISTOPHER
Address: 861 MELLOWOOD AVE.
City-St-Zip: ORLANDO, FL 32825 US

Title: SD () Delete
Name: PIERCE, MICHELE
Address: 9408 RAVEN DELL ST.
City-St-Zip: ORLANDO, FL 32825 US

Title: TD () Delete
Name: BLIZARD, THERESA
Address: 862 MELLOWOOD AVE.
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THURSBY PIERCE

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date