

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001899

Entity Name: ECON WOODS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4962 NORTH PALM AVENUE
WINTER PARK, FL 32792**Current Mailing Address:**P.O. BOX 4129
WINTER PARK, FL 32793**FEI Number:** 20-0303707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK, FL 32792 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BRIAR, MICHELLE
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	TSD
Name	FORTY, JAQUELINE
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	PD
Name	UPTON, TOMMY
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	D
Name	BRIAR, ROBERT
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	VP
Name	JONES, ROBERT
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

I hereby 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 all other like empowered.

SIGNATURE: TOMMY UPTON

PRESIDENT

03/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date