

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002598

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC6344946833**

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

**Current Principal Place of Business:**

9408 RAVEN DELL STREET  
ORLANDO, FL 32825

**Current Mailing Address:**

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

**FEI Number: 59-3198962**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name JACOBS, TRACIE  
Address 9330 RAVEN DELL ST.  
City-State-Zip: ORLANDO FL 32825

Title VP, DIRECTOR  
Name BUICKEL, PAMELA  
Address 850 MELLOWOOD AVENUE  
City-State-Zip: ORLANDO FL 32825

Title TREASURER, DIRECTOR  
Name BLIZARD, THERESA  
Address 862 MELLOWOOD AVE.  
City-State-Zip: ORLANDO FL 32825

Title ASST. SECRETARY, DIRECTOR  
Name SCHOEN, RONALD E  
Address 9336 RAVEN DELL STREET  
City-State-Zip: ORLANDO FL 32825

Title PRESIDENT, DIRECTOR  
Name PIERCE, THURSBY M  
Address 9408 RAVEN DELL STREET  
City-State-Zip: ORLANDO FL 32825

*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: THURSBY PIERCE**

**PRESIDENT**

**03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date