FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCU 1. Corporatio	MENT # N2250	02 (1)		
ECONFINA ESCAPE OWNERS ASSOCIATION, INC.				
Principal Plac	e of Businoss	Mailing Address		- I IBBINION DIO INGLE INDIA BININ DENIO NYAK DEDEN DIDIN
C/O LARRY HODSON C/O LARRY HODSON				6 Date have restant as Conflict
2201 JENKS AVENUE 22		2201 JENKS AVENUE		3. Date Incorporated or Qualified 09/16/1987
PANAMA CITY	FL 32405	PANAMA CITY FL 32405		4. FEI Number Applied For
6 62-5 0.6	lace of Business	I no to wood		59-2898414 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired Section Secti
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Stat		City & State	·	Trust Fund Contribution
23	U	28		7. Is this nonprofit corporation a homeowners association?
Ζip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25 25 Company of Survey		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Hegistered Agent
HODGON LARRY				
2201 JENKS AVENUE			ess (P.O. Box Number is Not Acceptable)	
PANAMA	A CITY FL 32405		83	
			84 City	FL 85 Zip Cocle
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE	Signature, typid or printed name of registered a	operation this it projection (NOTE)	Registered Agent signature require	ed when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HODSON, LARRY		1.2 NAME	
STREET ADORESS	2201 JENKS AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	HODSON, CAROLE B.		2.2 NAME	
STREET ADDRESS	2201 JENKS AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	DELETE	2, 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	GOFF, ROBERT		3.1 HILE 3.2 NAME	Columbia Columbia
STREET ADDRESS	ROUTE B BOX 1410		3.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	·
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 City-St-zip	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3-15-98 880769032

FILED

Mar 24 1998 8:00am

Secretary of State

RE037 (10/97)