

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N22502

1. Entity Name
ECONFINA ESCAPE OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O LARRY HODSON
2201 JENKS AVENUE
PANAMA CITY, FL 32405**

Mailing Address
**C/O LARRY HODSON
2201 JENKS AVENUE
PANAMA CITY, FL 32405**



03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2898414** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HODSON, LARRY
2201 JENKS AVENUE
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and role if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HODSON, LARRY
STREET ADDRESS	2201 JENKS AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	HODSON, CAROLE B.
STREET ADDRESS	2201 JENKS AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	GOFF, ROBERT
STREET ADDRESS	ROUTE B BOX 1410
CITY-ST-ZIP	YOUNGSTOWN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-90110-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-06 4007690325