

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90054 045 ****70.00

DOCUMENT # N24884

1. Entity Name

ECONFINA OWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O ECONFINA RESORT
RT. 1 BOX 255
LAMONT FL 32336
12

Mailing Address

4252 RIVER STREET
LAMONT FL 32336

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINSEY, BONNIE
4252 RIVER STREET
LAMONT FL 32336

7. Name and Address of New Registered Agent

Name BONNIE KINSEY

Street Address (P.O. Box Number is Not Acceptable)

4252 River ST

City
LAMONT

FL Zip Code
32336

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

BONNIE KINSEY, President Bonnie Kinsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME EDWARDS, JIM ☒ Delete
STREET ADDRESS 4252 RIVER STREET
CITY-ST-ZIP LAMONT FL 32336

TITLE V
NAME MASSEY, ALLAN ☒ Delete
STREET ADDRESS 3888 OLD BAINBRIDGE ROAD
CITY-ST-ZIP BOSTON GA 31626

TITLE D
NAME SUMNER, CARL ☒ Delete
STREET ADDRESS 4292 RIVER STREET
CITY-ST-ZIP LAMONT FL 32336

TITLE D
NAME LEGGETT, STEPHEN ☐ Delete
STREET ADDRESS 11911 LEROY TEDDER GRAPE
CITY-ST-ZIP LAMONT FL 32336

TITLE SM
NAME KINSEY, BONNIE ☒ Delete
STREET ADDRESS 4252 RIVER STREET
CITY-ST-ZIP LAMONT FL 32336

TITLE D
NAME CERTAIN, ANNETT ☒ Delete
STREET ADDRESS 1927 TIMOCUA TRAIL
CITY-ST-ZIP MIDDLEBURG FL 32068

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME BONNIE KINSEY
STREET ADDRESS 4252 River ST
CITY-ST-ZIP LAMONT FL 32336

TITLE V ☐ Change ☒ Addition
NAME ERIKA Bettilyen
STREET ADDRESS 414 E. Elm ST
CITY-ST-ZIP Perry, FL 32347

TITLE D ☒ Change ☐ Addition
NAME MASSEY, ALLAN
STREET ADDRESS 4292 Poppel ST
CITY-ST-ZIP LAMONT, FL 32336

TITLE D ☐ Change ☐ Addition
NAME Leggett, Stephen
STREET ADDRESS 11911 LEROY TEDDER GRADE
CITY-ST-ZIP LAMONT FL 32336

TITLE D ☐ Change ☒ Addition
NAME MARTIN, LISA
STREET ADDRESS 738 MARTIN RD
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D ☒ Change ☐ Addition
NAME CERTAIN, Annette
STREET ADDRESS 3106 E. GRAPE LN
CITY-ST-ZIP INVERNESS, FL 34452

12. 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 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: BONNIE KINSEY Bonnie Kinsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-584-3026