


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 039 ****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				Mailing Address 4252 RIVER STREET LAMONT, FL 32336	
2. Principal Place of Business <u>4252 River ST</u>				3. Mailing Address <u>4252 River ST</u>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State <u>LAMONT</u>				City & State <u>LAMONT</u>	
Zip <u>32336</u>		Country <u>TAYLOR</u>		Zip <u>32336</u>	
Country <u>TAYLOR</u>		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KINSEY, BONNIE G 4252 RIVER ST. LAMONT, FL 32336				7. Name and Address of New Registered Agent Name <u>KINSEY BONNIE G</u> Street Address (P.O. Box Number is Not Acceptable) <u>4252 RIVER ST</u> City <u>LAMONT</u> FL <u>32336</u>	
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 <u>BONNIE KINSEY, PRES</u> <u>Bonnie Kinsey</u> <u>6/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to - Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINSEY, BONNIE 4252 RIVER ST. LAMONT, FL 32336	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMNER, GINNY RIVER STREET LAMONT, FL 32336	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, ALAN 4292 POPPELL ST. LAMONT, FL 32336	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGETT, STEPHEN 11911 LEROY TEDDER GRAPE LAMONT, FL 32336	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, LISA 738 MARTIN RD. MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERTAIN, ANNETTE RIVER STREET LAMONT, FL 32336	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Walker, Lester HWY 98 AUCILLA LAMONT, FL 32336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MASSEY, ALAN 4292 POPPELL ST LAMONT FL 32336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LEROY TEDDER GRAPE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>BONNIE KINSEY</u> <u>Bonnie Kinsey</u> <u>6/1/06</u> <u>8505843026</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					

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