2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90012 019 ****70.00

DOCUMENT # N24884

1. Entity Name

ECONFINA OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4252 RIVER ST. LAMONT FL 32336	4252 RIVER ST. LAMONT FL 32336

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 G.
4252 RIVER ST.
LAMONT FL 32336

7. Name and Address of New Registered Agent

Name BONNIE G 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 _____
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KINSEY, BONNIE 4252 RIVER ST. LAMONT FL 32336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, LESTER HWY 98 AUCILLA LAMONT FL 32336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSEY, ALAN 4292 POPPELL ST LAMONT FL 32336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRADE, LERAY T 11911 LEROY TEDDER GRADE LAMONT FL 32336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephen Leggett 11911 LEROY TEDDER GRADE LAMONT FL 32336	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, LISA 738 MARTIN RD. MONTICELLO FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERTAIN, ANNETTE RIVER STREET LAMONT FL 32336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANNETTE CERTAIN 4284 RIVER ST LAMONT FL 32336	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: BONNIE G KINSEY Bonnie Kinsey 8505843026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #