

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000465

FILED
Apr 03, 2008
Secretary of State

Entity Name: ECON RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 679247
ORLANDO, FL 328679247 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 679247
ORLANDO, FL 328679247 US

New Mailing Address:

FEI Number: 59-3443639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STREEP, DAVID
2515 WOODS EDGE CIRCLE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STREEP, DAVID
Address: 2515 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: DVP () Delete
Name: BERMUDEZ, FELIX
Address: 2429 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: DT () Delete
Name: THOMAS, SHANTEL
Address: 2604 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: DS () Delete
Name: VELASQUEZ, NANCY
Address: 2429 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: DD () Delete
Name: BATISTE, CECIL
Address: 2514 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: DD () Delete
Name: MALCOLM, NYOKA
Address: 2534 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DD (X) Change () Addition
Name: BATISTTE, CECIL
Address: 2514 WOODS EDGE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN AGUILERA

DS

04/03/2008

Electronic Signature of Signing Officer or Director

Date