

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **727694** (2)

1. Corporation Name

**ECONFINA ESTATES PARK, INC.**

95 MAY - 1 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1973** 3a. Date of Last Report **03/11/1994**

4. FEI Number  
**59-1764992**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
	25		30

9. Name and Address of Current Registered Agent

**BREAULT, TIMOTHY A  
7308 LONE CEDAR DRIVE  
YOUNGSTOWN FL 32466**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *Timothy A. Breault* DATE **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>
NAME	<b>BREAULT, JOAN</b>
STREET ADDRESS	<b>7308 LONE CEDAR DR</b>
CITY - ST - ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<b>P</b>
NAME	<b>BREAULT, TIMOTHY</b>
STREET ADDRESS	<b>7308 LONE CEDAR DR</b>
CITY - ST - ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<b>V</b>
NAME	<b>JURGONSKI, ROBERT</b>
STREET ADDRESS	<b>7255 ECONFINA ESTATES RD</b>
CITY - ST - ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<b>D</b>
NAME	<b>WILLIAMS, PAMELA</b>
STREET ADDRESS	<b>7617 WILLIAMS DRIVE</b>
CITY - ST - ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<b>D</b>
NAME	<b>DEGROFF, STEVEN</b>
STREET ADDRESS	<b>7313 LONE CEDAR DR</b>
CITY - ST - ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<b>D</b>
NAME	<b>HARDER, HOLDEN</b>
STREET ADDRESS	<b>5521 W. HIGHWAY 98</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Timothy A. Breault* DATE **4/20/95** (904) 265-3677

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TIMOTHY A. BREAULT**