


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 038 ****61.25

DOCUMENT # 727694			
1. Entity Name ECONFINA ESTATES PARK, INC.			
Principal Place of Business 7295 ECONFINA ESTATES ROAD YOUNGSTOWN, FL 32466		Mailing Address 7295 ECONFINA ESTATES ROAD YOUNGSTOWN, FL 32466	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAPLES, RONALD H 7272 ECONTINA ESTATES PARK RD YOUNGSTOWN, FL 32466		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05	
TITLE	P <input type="checkbox"/> Delete	TITLE	Bob Rhodes <i>Treasur</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADDOCK, DAN	NAME	7266 ECONFINA ESTATES RD
STREET ADDRESS	7313 LONE CEDAR DRIVE	STREET ADDRESS	YOUNGSTOWN, FL 32466
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	DAVE PRIDGEN <i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, WAYNE	NAME	7308 LONE CEDAR DR
STREET ADDRESS	7408 GREEN BRANCH ROAD	STREET ADDRESS	YOUNGSTOWN FL 32466
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	
NAME	CHAPLE, RONALD	NAME	
STREET ADDRESS	7272 ECONFINA ESTATES RD	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SANDY SANDERS <i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, LEESA	NAME	P.O. Box 1131
STREET ADDRESS	1103 EMORY DR.	STREET ADDRESS	YOUNGSTOWN, FL 32466
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Ruth JURGONSKI <i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFT, DON	NAME	7255 ECONFINA ESTATES RD
STREET ADDRESS	7218 ECONFINA ESTATES RD	STREET ADDRESS	YOUNGSTOWN, FL 32466
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	SULLIVAN, JOHN	NAME	
STREET ADDRESS	7305 LANE CEDAR	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	CITY-ST-ZIP	
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: <i>Ronald H. Chaple</i>		Sec. <i>12 APR 05 850 871-3975</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	