

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727694 (2)

1. Corporation Name

ECONFINA ESTATES PARK, INC.



Principal Place of Business	Mailing Address
801 FLORIDA AVE. P.O. BOX 1113 LYNN HAVEN FL 32444	801 FLORIDA AVE. P.O. BOX 1113 LYNN HAVEN FL 32444

3. Date Incorporated or Qualified 10/09/1973	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1764992	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Timothy A. Breault*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

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	4000001749544
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-03/19/96--01100--010
2.3 STREET ADDRESS	***61.25
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D BECKY MURRAY
4.3 STREET ADDRESS	7260 ECONFINA ESTATES ROAD
4.4 CITY-ST-ZIP	YOUNGSTOWN, FL 32466
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D DON SIMMONS
5.3 STREET ADDRESS	1036 COLLEGE BLVD
5.4 CITY-ST-ZIP	LYNN HAVEN, FL 32466
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)(k), 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 receiver 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 on an attachment with an address.

SIGNATURE: *Timothy A. Breault* **TIMOTHY A. BREault** 2-15-96 (904) 722-4797
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)