

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32444801 FLORIDA AVE.  
P.O. BOX 1113  
LYNN HAVEN FL 32444-11133. Date Incorporated or Qualified  
10/09/19733a. Date of Last Report  
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number  
59-1764992Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

BREault, TIMOTHY A  
7308 LONE CEDAR DRIVE  
YOUNGSTOWN FL 32466

81 Name

SANDY SANDERS

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

7237 ECONFINA ESTATES Rd.

83

84 City

YOUNGSTOWN,

FL

85 Zip Code

32466

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BREault, JOAN	
STREET ADDRESS	7308 LONE CEDAR DR	
CITY-ST-ZIP	YOUNGSTOWN FL	

1.1 TITLE	Whitdon Blackwell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4003 W. 16th ST	
1.3 STREET ADDRESS	PANAMA CITY, FL	
1.4 CITY-ST-ZIP	32401	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BREault, TIMOTHY	
STREET ADDRESS	7308 LONE CEDAR DR	
CITY-ST-ZIP	YOUNGSTOWN FL	

2.1 TITLE	SANDY SANDERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7237 ECONFINA ESTATES Rd	
2.3 STREET ADDRESS	YOUNGSTOWN, FL	
2.4 CITY-ST-ZIP	32466	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JURGONSKI, ROBERT	
STREET ADDRESS	7255 ECONFINA ESTATES RD	
CITY-ST-ZIP	YOUNGSTOWN FL	

3.1 TITLE	Richard Green	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7260 ECONFINA ESTATES Rd	
3.3 STREET ADDRESS	YOUNGSTOWN, FL	
3.4 CITY-ST-ZIP	32466	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, BECKY	
STREET ADDRESS	7260 ECONFINA ESTATES ROAD	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIRMONS, DON	
STREET ADDRESS	1036 COLLEGE BLVD	
CITY-ST-ZIP	LYNN HAVEN FL 32466	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDER, HOLDEN	
STREET ADDRESS	5521 W. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: SANDY SANDERS

4/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0010112

CR2E037 (9/96)