

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90063 012 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 727694**

1. Corporation Name  
**ECONFINA ESTATES PARK, INC.**

Principal Place of Business  
 7237 ECONFINA ESTATES  
 YOUNGSTOWN FL 32466

Mailing Address  
 7237 ECONFINA ESTATES  
 YOUNGSTOWN FL 32466

3 5 8 7 6  
 \* 350786 - 90063 - 12 6 \*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/09/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1764992
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
25	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
24	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>SANDERS, SANDY</b> 7237 ECONTINA ESTATES PARK RD YOUNGSTOWN FL 32466	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, J. WHILDON	1.2 NAME	
STREET ADDRESS	P.O. BOX 520 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, SANDY	2.2 NAME	
STREET ADDRESS	7237 ECONTINA ESTATES PARK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RICHARD	3.2 NAME	
STREET ADDRESS	7260 ECONTINA ESTATES RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CHARLES	4.2 NAME	
STREET ADDRESS	7237 ECONFINA ESTATES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, JOHN	5.2 NAME	
STREET ADDRESS	7224 ECONFINA ESTATES RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY	6.2 NAME	
STREET ADDRESS	7285 ECONFINA ESTATES RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE *Sandy Sanders* SIGNATURE REQUIRED Sandy Sanders 4/12/99 850/872-7595  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)