

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N24884
 1. Entity Name ECONFINA Owners Association, INC
 W0200027581

FILED
 02 OCT -3 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

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94-02

2. Principal Place of Business
ECONFINA Resort
 Suite, Apt. #, etc. RT 1 Box 255
 City & State LAMONT FL
 Zip 32336 Country TAYLOR

3. Mailing Address
4252 River ST
 Suite, Apt. #, etc.
 City & State LAMONT FL
 Zip 32336 Country TAYLOR

4. FEI Number N.A.
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
 Name BONNIE KINSEY
 Street Address (P.O. Box Number is Not Acceptable)
4252 River ST
 City LAMONT FL Zip Code 32336

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.

SIGNATURE BONNIE KINSEY, Secretary Bonnie Kinsey
Signature, typed or printed name of registered agent and fee if applicable. (If FL Registered Agent signature required when registering)

**FEE IS \$61.25
Initial or Amended UBR**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>PRESIDENT - P</u> <u>Jim Edwards</u> <u>4252 River ST</u> <u>LAMONT FL 32336</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>ALLAN Massey - V</u> <u>3888 OLD BAIN BRIDGE RD</u> <u>BOSTON GA 31624</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>CARL Sumner - D</u> <u>4292 River ST</u> <u>LAMONT, FL - 32336</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Stephen Leggett - D</u> <u>11911 Leroy Tedder Grade</u> <u>LAMONT FL 32336</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Secretary - S M</u> <u>BONNIE KINSEY</u> <u>4252 River ST LAMONT 32336</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>ANNETT CARTER - D</u> <u>1927 TIMUCUA TRAIL - D</u> <u>MIDDLEBURG FL - 32068</u> |

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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****735.00 ****735.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850584-3026
Date Daytime Phone #

CR2E037B (12/01)