

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90321 030 ****61.25

DOCUMENT # N24884

1. Entity Name
ECONFINA OWNERS' ASSOCIATION, INC.



Principal Place of Business

**C/O ECONFINA RESORT
RT. 1 BOX 255
LAMONT FL 32336
12**

Mailing Address

**4252 RIVER STREET
LAMONT FL 32336**

22001671



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINSEY, BONNIE
4252 RIVER STREET
LAMONT FL 32336**

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

Bonnie Kinsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 10

TITLE Delete
NAME **P EDWARDS, JIM**
STREET ADDRESS **4252 RIVER STREET**
CITY-ST-ZIP **LAMONT FL 32336**

TITLE Change Addition
NAME **D RICHARD Sheffield**
STREET ADDRESS **2135 Econfinas River Rd**
CITY-ST-ZIP **LAMONT FL 32336**

TITLE Delete
NAME **V MASSEY, ALLAN**
STREET ADDRESS **3888 OLD BAINBRIDGE ROAD**
CITY-ST-ZIP **BOSTON GA 31626**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SUMNER, CARL**
STREET ADDRESS **4292 RIVER STREET**
CITY-ST-ZIP **LAMONT FL 32336**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D LEGGETT, STEPHEN**
STREET ADDRESS **11911 LEROY TEDDER GRAPE**
CITY-ST-ZIP **LAMONT FL 32336**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SM KINSEY, BONNIE**
STREET ADDRESS **4252 RIVER STREET**
CITY-ST-ZIP **LAMONT FL 32336**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CERTAIN, ANNETT**
STREET ADDRESS **1927 TIMOCUA TRAIL**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
NAME
STREET ADDRESS
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: *Bonnie Kinsey* SIGNATURE REQUIRED **BONNIE KINSEY 2-1-03 8505843026**

CR2E037 (10/02)