


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90054 045 ****70.00

DOCUMENT # N24884 1. Entity Name ECONFINA OWNERS' ASSOCIATION, INC.	
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Principal Place of Business C/O ECONFINA RESORT RT. 1 BOX 255 LAMONT FL 32336 12	Mailing Address 4252 RIVER STREET LAMONT FL 32336
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2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KINSEY, BONNIE 4252 RIVER STREET LAMONT FL 32336	7. Name and Address of New Registered Agent Name BONNIE KINSEY Street Address (P.O. Box Number is Not Acceptable) 4252 River St City LAMONT FL Zip Code 32336
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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, President Bonnie Kinsey** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P EDWARDS, JIM <input checked="" type="checkbox"/> Delete
NAME	4252 RIVER STREET
STREET ADDRESS	LAMONT FL 32336
CITY-ST-ZIP	
TITLE	V MASSEY, ALLAN <input checked="" type="checkbox"/> Delete
NAME	3888 OLD BAINBRIDGE ROAD
STREET ADDRESS	BOSTON GA 31626
CITY-ST-ZIP	
TITLE	D SUMNER, CARL <input checked="" type="checkbox"/> Delete
NAME	4292 RIVER STREET
STREET ADDRESS	LAMONT FL 32336
CITY-ST-ZIP	
TITLE	D LEGGETT, STEPHEN <input type="checkbox"/> Delete
NAME	11911 LEROY TEDDER GRAPE
STREET ADDRESS	LAMONT FL 32336
CITY-ST-ZIP	
TITLE	SM KINSEY, BONNIE <input checked="" type="checkbox"/> Delete
NAME	4252 RIVER STREET
STREET ADDRESS	LAMONT FL 32336
CITY-ST-ZIP	
TITLE	D CERTAIN, ANNETT <input checked="" type="checkbox"/> Delete
NAME	1927 TIMOCUA TRAIL
STREET ADDRESS	MIDDLEBURG FL 32068
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P BONNIE KINSEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4252 River St
STREET ADDRESS	LAMONT FL 32336
CITY-ST-ZIP	
TITLE	V VERIKA Bettilyen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	414 E. Elm St
STREET ADDRESS	Perry, FL 32347
CITY-ST-ZIP	
TITLE	D MASSEY, ALLAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4292 Poppell St
STREET ADDRESS	LAMONT, FL 32336
CITY-ST-ZIP	
TITLE	D Leggett, Stephen <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11911 LEROY TEDDER GRADE
STREET ADDRESS	LAMONT FL 32336
CITY-ST-ZIP	
TITLE	D MARTIN, LISA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	738 MARTIN RD
STREET ADDRESS	MONTICELLO, FL 32344
CITY-ST-ZIP	
TITLE	D CERTAIN, ANNETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3106 E. GRAPELED LN
STREET ADDRESS	INVERNESS, FL 34452
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 Bonnie Kinsey** Date **850-584-3026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR