

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

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90002 026 \*\*\*\*87.50

DOCUMENT # *N24884*  
1. Entity Name  
*ECONOMIA OWNERS ASSOCIATION INC*

**DO NOT WRITE IN THIS SPACE**

*14018125*

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**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* *BONNIE KINSEY, President* *7/5/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**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 <i>P</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT BONNIE KINSEY 4252 RIVER ST LAMONT FL 32336</i>
TITLE <i>V</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>VISE PRESIDENT LISA MARTIN 738 MARTIN RD MONTICELLO 32344</i>
TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR ALLAN MASSEY 4292 POPPELL ST LAMONT 32336</i>
TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR STEVE LEGGETT 11911 LERBY TEDDER GRADE LAMONT 32336</i>
TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>DANNETTE CERTAIN RIVER ST LAMONT 32336</i>
TITLE <i>S</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>GINNY SUMNER RIVER ST LAMONT 32336</i>

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Bonnie Kinsey* *BONNIE KINSEY* *7-5-05* *850 584 3026*

CR2E037B (12/01)