


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 039 ****70.00

DOCUMENT # N24884			
1. Entity Name ECONFINA OWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O ECONFINA RESORT RT. 1 BOX 255 LAMONT, FL 32336		Mailing Address 4252 RIVER STREET LAMONT, FL 32336	
		50020332	
2. Principal Place of Business <i>4252 River ST</i>		3. Mailing Address <i>4252 River ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>LAMONT</i>		City & State <i>LAMONT</i>	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Zip <i>32336</i>	Country <i>TAYLOR</i>	Zip <i>32336</i>	Country <i>TAYLOR</i>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05242006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KINSEY, BONNIE G 4252 RIVER ST. LAMONT, FL 32336		Name <i>KINSEY BONNIE G</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>4252 RIVER ST</i>	
		City <i>LAMONT</i>	
		FL Zip Code <i>32336</i>	
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 <i>BONNIE KINSEY, PRES</i> <i>Bonnie Kinsey</i> <i>6/1/06</i>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
Filing Fee is \$61.25 Due by September 6, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSEY, BONNIE	NAME	
STREET ADDRESS	4252 RIVER ST.	STREET ADDRESS	
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, GINNY	NAME	<i>walker, Lester</i>
STREET ADDRESS	RIVER STREET	STREET ADDRESS	<i>HWY 98 AUCILLA</i>
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	<i>LAMONT, FL 32336</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>S</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, ALAN	NAME	<i>MASSEY, ALAN</i>
STREET ADDRESS	4292 POPPELL ST.	STREET ADDRESS	<i>4292 Poppell ST</i>
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	<i>LAMONT FL 32336</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGGETT, STEPHEN	NAME	<i>Leroy Tedder GRADE</i>
STREET ADDRESS	11911 LEROY TEDDER GRAPE	STREET ADDRESS	
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LISA	NAME	
STREET ADDRESS	738 MARTIN RD.	STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 32344	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERTAIN, ANNETTE	NAME	
STREET ADDRESS	RIVER STREET	STREET ADDRESS	
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>BONNIE KINSEY</i> <i>Bonnie Kinsey</i> <i>6/1/06</i> <i>8505843026</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	