


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90054 007 ****70.00

DOCUMENT # N24884
 1. Entity Name
ECONFINA OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 4252 RIVER ST. 4252 RIVER ST.
 LAMONT FL 32336 LAMONT FL 32336



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
KINSEY, BONNIE G
 4252 RIVER ST.
 LAMONT FL 32336

7. Name and Address of New Registered Agent
 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
Due By May 1, 2007

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	
TITLE	P <input type="checkbox"/> Delete
NAME	KINSEY, BONNIE
STREET ADDRESS	4252 RIVER ST.
CITY-ST-ZIP	LAMONT FL 32336
TITLE	D <input type="checkbox"/> Delete
NAME	WALKER, LESTER
STREET ADDRESS	HWY 98 AUCILLA
CITY-ST-ZIP	LAMONT FL 32336
TITLE	<i>SE</i> <input type="checkbox"/> Delete
NAME	MASSEY, ALAN
STREET ADDRESS	4292 POPPELL ST
CITY-ST-ZIP	LAMONT FL 32336
TITLE	D <input type="checkbox"/> Delete
NAME	GRADE, LERAY T?
STREET ADDRESS	11911 LEROY TEDDER GRADE
CITY-ST-ZIP	LAMONT FL 32336
TITLE	V <input type="checkbox"/> Delete
NAME	MARTIN, LISA
STREET ADDRESS	738 MARTIN RD.
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	D <input type="checkbox"/> Delete
NAME	CERTAIN, ANNETTE
STREET ADDRESS	RIVER STREET
CITY-ST-ZIP	LAMONT FL 32336

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	<i>Masssey, Allan</i>
CITY-ST-ZIP	<i>4292 Poppell ST LAMONT FL 32336</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Leggett, Stephen</i>
STREET ADDRESS	<i>11911 Leroy Tedder Grade</i>
CITY-ST-ZIP	<i>LAMONT FL 32336</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rushing, Talmadge</i>
STREET ADDRESS	<i>4040 Old Bainbridge Rd</i>
CITY-ST-ZIP	<i>Tallahassee FL 32303</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bonnie G Kinsey* **BONNIE G KINSEY** / 27/07 850 584 3026
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone #