


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 019 ****70.00

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



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

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

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



1st MOORE CR2E037 (10/07)

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 **BONNIE G 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Leggett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11911 LEROY TEDDER GRADE LAMONT FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNETTE CERTAIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4284 RIVER ST LAMONT FL 32336

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 Kinsey* 850 584 3026