

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24884

FILED
Jan 21, 2009
Secretary of State

Entity Name: ECONFINA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4252 RIVER ST.
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

4252 RIVER ST.
LAMONT, FL 32336

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KINSEY, BONNIE G
4252 RIVER ST.
LAMONT, FL 32336 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINSEY, BONNIE
Address: 4252 RIVER ST.
City-St-Zip: LAMONT, FL 32336

Title: D () Delete
Name: WALKER, LESTER
Address: HWY 98 AUCILLA
City-St-Zip: LAMONT, FL 32336

Title: D () Delete
Name: MASSEY, ALAN
Address: 4292 POPPELL ST
City-St-Zip: LAMONT, FL 32336

Title: D () Delete
Name: LEGGETT, STEPHEN
Address: 11911 LEROY TEDDER GRAPE
City-St-Zip: LAMONT, FL 32336

Title: V () Delete
Name: MARTIN, LISA
Address: 738 MARTIN RD.
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: CERTAIN, ANNETTE
Address: 4284 RIVER ST
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE KINSEY

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date