

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004931 (0)**
1. Corporation Name

EKANA GREEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 237 S. WESTMORE DRIVE SUITE 111 ALTAMONTE SPRINGS FL 32714	Mailing Address 237 S. WESTMORE DRIVE SUITE 111 ALTAMONTE SPRINGS FL 32714
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3. Date Incorporated or Qualified
10/17/1995

4. FEI Number
59-3342208

Applied For
☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HANSON, JACK B
THE MELROSE MANAGEMENT GROUP
229 PASADENA PLACE, SUITE 100
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	MONTGOMERY, KATHERINE
STREET ADDRESS	237 S. WESTMORE DRIVE, SUITE 111
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D ☐ DELETE
NAME	BYRNES, DAVID
STREET ADDRESS	237 S. WESTMORE DRIVE, SUITE 111
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D ☐ DELETE
NAME	EDDY, SHELLEY
STREET ADDRESS	237 S WESTMONTE DR STE 111
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	LANDSBERG, MARY
1.3 STREET ADDRESS	287 S. WESTMORE DR. SUITE 111
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **M. Landsberg** **2/10/98** **407-809-0086**

CR2E037 (10/97)