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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004931**

1. Corporation Name
EKANA GREEN HOMEOWNERS' ASSOCIATION, INC.

ENTERED APR 16 1999

PAID APR 19 1999

Principal Place of Business	Mailing Address
~~237 S. WESTMORE DRIVE~~ ~~SUITE 111~~ ~~ALTAMONTE SPRINGS FL 32714~~	~~237 S. WESTMORE DRIVE~~ ~~SUITE 111~~ ~~ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1416 Concord Street E.	26 P.O. Box 531010	10/17/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3342208 ☐ Applied For ☐ Not Applicable
City & State 23 Orlando, FL	City & State 28 Orlando, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32803 Country 25 US	Zip 29 32853-1010 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: The Melrose Management Group
82 Street Address (P.O. Box Number is Not Acceptable): 1416 Concord Street East
83
84 City: Orlando FL 85 Zip Code: 32803

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 J.B. Hanson 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDSBERG, MARY 237 S WESTMORE DR SUITE 111 ALTAMONTE SPRINGS FL 32714	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Katherine Montgomery 237 S. Westmore Dr. ste 111 Altamonte Springs, FL 32714	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNES, DAVID 237 S. WESTMORE DRIVE, SUITE 111 ALTAMONTE SPRINGS FL 32714	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Frank Cawthon same as above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDDY, SHELLEY 237 S WESTMONTE DR STE 111 ALTAMONTE SPRINGS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Tom Dunn Same as above	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Katherine Montgomery 2/26/99 407-839-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)