2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90130 003 ****61.25

DOCUMENT # N95000004931

1. Entity Name

EKANA GREEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1416 CONCORD STREET E ORLANDO FL 32803	P.O. BOX 531010 ORLANDO FL 32853-1010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
165 West State Road 434	165 West State ROAD 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs fl 32708	City & State: Winter Springs fl
Zip / Country	Zip: 32708 / Country

4. FEI Number: 59-3342208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~THE MELROSE MGMT GROUP~~ ~~1416 CONCORD STREET E~~ ~~ORLANDO FL 32803~~	Name: EPM Services INC. Street Address (P.O. Box Number is Not Acceptable): 165 West State ROAD 434 City: Winter Springs FL Zip Code: 32708

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.

SIGNATURE: Anne H Russell Anne H Russell President EPM Services Inc 4/10/2000
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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, KATHERINE 237 S WESTMORE DR SUITE 111 ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CREMONESE, JOE 2090 EMERALD Green Circle Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAWTHON, FRANK 237 S. WESTMORE DRIVE, SUITE 111 ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GUDENKAUF, JOAN 2125 EMERALD GREEN CIRCLE Oviedo FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNN, TOM 237 S WESTMONTE DR STE 111 ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV moothmart, DEAN 1890 EMERALD GREEN CIRCLE Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODMAN, MICHAEL 2175 EMERALD GREEN CIRCLE Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VEARGAIN, PAUL 1850 EMERALD GREEN CIRCLE Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Joan Gudenkauf Joan Gudenkauf President 4/10/00 4073275824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #