**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 01, 2002 8:00 am Secretary of State DOCUMENT # N9500004931 1. Entity Name 04-01-2002 90603 035 \*\*\*\*61.25 EKANA GREEN HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 165 WEST STATE RD. 434 165 WEST STATE RD. 434 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business Mailing Address 15322 BOY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3342208 onawood Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent National Association Mana Street Address (P.O. Box Number is Not Acceptable) EPM SERVICES, INC. 165 WEST STATE RD 434 WINTER SPRINGS FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to , FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) M Change ☐ Addition TITLE ☐ Delete TITLE Gremonese, Joe NAME CREMONESE, JOE NAME 2090 Emerald Green Circle STREET ADDRESS STREET ADDRESS 2090 EMERALD GREEN CIR Oviedo FL 32765 CITY - ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete ☐ Change Bregory, John 945 Ekana Green Court DUNCAN, BRENDA NAME NAME STREET ADDRESS STREET ADDRESS 2095 EMERALD GREEN CIRCLE CITY - ST - ZIP CITY-ST-7IP OVIEDO FL 32765 Delete TITLE T Addition TITLE Spencer, Craig SPENCER, CRAIG NAME NAME 2110 Emerald Breen Circle STREET ADDRESS 2110 EMERALD GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 X Delete TITLE Change ☐ Addition WOODMAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2175 EMERALD GREEN CIR CiTY-ST-7IP CITY-ST-ZIP OVIEDO FL 32765 D۷ Change TITLE ☐ Delete TITLE ☐ Addition yeargain, faul YEARGAIN, PAUL NAME NAME 1850 Emerald Green Circle STREET ADDRESS 1850 EMERALD GREEN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.