

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90082 042 ****61.25

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1. Entity Name

EKANA GREEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**165 WEST STATE RD. 434
WINTER SPRINGS FL 32708**

Mailing Address

**P.O. BOX 915322
LONGWOOD FL 32791**

64000000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

**NATIONAL ASSOCIATION MANAGEMENT CO
165 WEST STATE RD 434
WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete
NAME **CREMONESE, JOE**
STREET ADDRESS **2090 EMERALD GREEN CIR**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **D** ☒ Delete
NAME **DUNCAN, BRENDA**
STREET ADDRESS **2095 EMERALD GREEN CIRCLE**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **DP** ☐ Delete
NAME **GREGORY, JOHN**
STREET ADDRESS **945 EKANA GREEN COURT**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **DV** ☒ Delete
NAME **YEARGAIN, PAUL**
STREET ADDRESS **1850 EMERALD GREEN CIR**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **DS** ☐ Delete
NAME **MOORE, LYNNE**
STREET ADDRESS **2135 EMERALD GREEN CIRCLE**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVRJOHN SCHWING** ☐ Change ☒ Addition
NAME **2145 EMERALD GREEN CR**
STREET ADDRESS **OVIDO, FL 32765**
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT BARBARA BARONTINI** ☐ Change ☒ Addition
NAME **1985 EMERALD GREEN CR**
STREET ADDRESS **OVIDO, FL 32765**
CITY-ST-ZIP

TITLE **B** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04 407-327-5824