

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90015 001 ****61.25

DOCUMENT # N95000004931		
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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 197043 Suite, Apt. #, etc.
City & State Winter Springs FL	City & State Winter Springs FL
Zip 32719	Country US

00000100



01182006 Chg-NP CR2E037 (11/05)

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 NATIONAL ASSOCIATION MANAGEMENT CO 165 WEST STATE RD 434 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Palmerston LLC Street Address (P.O. Box Number is Not Acceptable) 165 West State Rd 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. 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

Filing Fee is \$61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YEARGAIN, PAUL 1850 EMERALD GREEN CIRCLE OVIEDO, FL 32765	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Willoughby, Amy 1840 Emerald Green Circle Oviedo, FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWING, JOHN 2145 EMERALD GREEN CIR. OVIEDO, FL 32765	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Horowitz, Joel 2005 Emerald Green Circle Oviedo, FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOBA, JUSTIN 2090 EMERALD GREEN CIRCLE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cordoba, Justin 2090 Emerald Green Circle Oviedo, FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWOOD, JHANA 1860 EMERALD GREEN CIRCLE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, LYNNE 2135 EMERALD GREEN CIRCLE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/19/06
Date

407-619-4407
Daytime Phone #