

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90086 015 ****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
PO BOX 197043
WINTER SPRINGS, FL 32719

40009712



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-NP CR2E037 (12/06)

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

PALMERSTON, LLC
165 WEST STATE RD 434
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2007

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WILLOUGHBY, AMY
1840 EMERALD GREEN CIR
OVIEDO, FL 32765 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HOROWITZ, JOEL
2005 EMERALD GREEN CIR
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CORDOBA, JUSTIN
2090 EMERALD GREEN CIRCLE
OVIEDO, FL 32765 ☒ Delete

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
DS
MOORE, LYNNE
2135 EMERALD GREEN CIRCLE
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Varoma, Michael
2175 Emerald Green Circle
Oviedo, FL 32765 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Horowitz, Joel
2005 Emerald Green Circle
Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Pattillo, Beth
2075 Emerald Green Circle
Oviedo, FL 32765 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Revell, Nancy
2185 Emerald Green Circle
Oviedo, FL 32765 ☐ Change ☒ Addition

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

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

Date

Daytime Phone #

Pres. JOEL HORWITZ 1/23/08 407-365-3535