

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90034 034 ****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**

60046255



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **YAROMA, MICHAEL**
STREET ADDRESS **2175 EMERALD GREEN CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

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

TITLE **DT**
NAME **PATTILLO, BETH**
STREET ADDRESS **2075 EMERALD GREEN CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE **DP**
NAME **REVELL, NANCY**
STREET ADDRESS **2185 EMERALD GREEN CIRCLE**
CITY - ST - ZIP **OVIEDO, FL 32765**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: **Nancy Revell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-08
Date

407-971-0988
Daytime Phone #