

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004931

FILED
Feb 23, 2009
Secretary of State

Entity Name: EKANA GREEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 59-3342208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YAROMA, MICHAEL
Address: 2175 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: HOROWITZ, JOEL
Address: 2005 EMERALD GREEN CIR
City-St-Zip: OVIEDO, FL 32765

Title: DT () Delete
Name: PATTILLO, BETH
Address: 2075 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: DP () Delete
Name: REVELL, NANCY
Address: 2185 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: DS () Delete
Name: MOORE, LYNN
Address: 2135 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BOYLE, KEVIN
Address: 2105 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY REVELL

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date