FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:52

DOCUMENT # **P94000049196 (6)**

1. Corporation Name
EKANA GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
2100 EKANA DR. OVIEDO FL 32765	2100 EKANA DR. OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2652586 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOBERING, GRAY & WHITE, P.A.
201 S. ORANGE AVENUE
SUITE 760
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	KINNEY, FLOYD	12 NAME	CARL DESMARAIS	
STREET ADDRESS	2568 EKANA LANE	13 STREET ADDRESS	1351 WINSTON RD	
CITY-ST-ZIP	OVIEDO FL 32765	14 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	GIBB, GORDON	22 NAME	WAYNE TODD	
STREET ADDRESS	2568 EKANA LANE	23 STREET ADDRESS	331 N. MAITLAND	
CITY-ST-ZIP	OVIEDO FL 32765	24 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	31 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	REID, MIKE	32 NAME	PAUL HALNON	
STREET ADDRESS	PO BOX 170	33 STREET ADDRESS	2147 DURBAN CT	
CITY-ST-ZIP	GENEVA FL 32732	34 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	41 TITLE	TREASURER	☑ Change ☐ Addition
NAME	GOLDSMITH, LES	42 NAME	BEN SCRIMENTI	
STREET ADDRESS	110 TARPON CIRCLE	43 STREET ADDRESS	2150 INVERNESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	44 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SAVAGE, LINDA	52 NAME		
STREET ADDRESS	1217 HOWELL CREEK DR.	53 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DESMARAIS, CARL H	62 NAME		
STREET ADDRESS	1351 WINSTON RD.	63 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Desmarais — 5-4-95 — 407-366-1211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
CARL DESMARAIS, PRESIDENT

0000026 CP