

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DESMARAI, CARL
STREET ADDRESS 1351 WINSTON RD
CITY- ST- ZIP MAITLAND FL

☒ DELETE

TITLE VP
NAME WAYNE, TODD
STREET ADDRESS 331 N MAITLAND
CITY- ST- ZIP MAITLAND FL

☒ DELETE

TITLE S
NAME HALNOR, PAUL
STREET ADDRESS 2147 DURBAN CT
CITY- ST- ZIP OVIEDO FL

☐ DELETE

TITLE T
NAME SCRIMENTI, BEN
STREET ADDRESS 2150 INVERNESS
CITY- ST- ZIP OVIEDO FL

☐ DELETE

TITLE D
NAME SAVAGE, LINDA
STREET ADDRESS 1217 HOWELL CREEK DR.
CITY- ST- ZIP WINTER SPRINGS FL 32708

☐ DELETE

TITLE D
NAME DESMARAI, CARL H
STREET ADDRESS 1351 WINSTON RD.
CITY- ST- ZIP MAITLAND FL 32751

☐ DELETE

1.1 TITLE P
1.2 NAME DAVID ETCHISON
1.3 STREET ADDRESS 1084 KELLY CREEK CIRCLE
1.4 CITY- ST- ZIP OVIEDO, FL. 32765

☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME DAVID AIR
2.3 STREET ADDRESS 2180 FIRESTONE DR.
2.4 CITY- ST- ZIP OVIEDO, FL. 32765

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BEN SCRIMENTI

BEN SCRIMENTI

7/4/96 407/366-7918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (3/96)