

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90230 041 \*\*\*\*61.25

**DOCUMENT # N26894**

1. Entity Name

**EASTWOOD COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% 2180 PARK AVENUE NORTH, #326  
 WINTER PARK FL 32789  
 US

% 2180 PARK AVENUE NORTH, #326  
 WINTER PARK FL 32789  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

444 W. New England Ave

444 W. New England Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Zip

Country

Country

32789

32789

4. FEI Number

59-2969691

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOM, THOMAS D  
 2180 PARK AVENUE NORTH, SUITE 326  
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave  
 Suite B

City

Winter Park

FL

Zip Code

32789

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENGE, TONY M	
STREET ADDRESS	316 EAST PINE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MC CUMBER, DAVID	
STREET ADDRESS	316 EAST PINE ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARLICK, THOMAS H	
STREET ADDRESS	316 EAST PINE ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

Daytime Phone #

CR2E037 (9/99)