

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26894** (8)

1. Corporation Name

EASTWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

Mailing Address

**2180 W. S.R. 434
SUITE 5000
LONGWOOD FL 32779
US**



3. Date Incorporated or Qualified

06/10/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2969691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD FL 32779**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☒ DELETE
NAME **SAWRUK, MICHAEL**
STREET ADDRESS **316 EAST PINE ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VSD** ☒ DELETE
NAME **BENGE, TONY**
STREET ADDRESS **316 EAST PINE ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☒ DELETE
NAME **WARLICK, THOMAS H**
STREET ADDRESS **14 E. WASHINGTON ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **TONY M. BENGE JR.**
1.3 STREET ADDRESS **316 E. PINE STREET**
1.4 CITY-ST-ZIP **ORLANDO, FL 32801**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **THOMAS WARLICK**
2.3 STREET ADDRESS **14 E. WASHINGTON STREET, STE 500**
2.4 CITY-ST-ZIP **ORLANDO, FL 32802**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **DAVID MCCUMBER**
3.3 STREET ADDRESS **316 EAST PINE STREET**
3.4 CITY-ST-ZIP **ORLANDO, FL 32801**

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

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

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

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*****61.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

407-89-0800

Daytime Phone #

CR2E037 (12/95)