


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 012 ****61.25

DOCUMENT # N26894

1. Entity Name
 EASTWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 1969 SOUTH ALAFAYA TRAIL
 #327
 ORLANDO, FL 32828 US

Mailing Address
 1969 SOUTH ALAFAYA TRAIL
 #327
 ORLANDO, FL 32828 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01262006 Chg-NP CR2E037 (11/05)

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

HOUSE OF MANAGEMENT ENTERPRISES FOR
 COMMUNITY ASSOCIATIONS, INC.
 1969 SO. ALAFAYA TRAIL, #327 #437
 ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARKER, TERRY	
STREET ADDRESS	500 TUTEN TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JANIE	
STREET ADDRESS	331 WINGHURST BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAIER, DAVID	
STREET ADDRESS	14807 VIA WINGHURST CT	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLORIN, AMY	
STREET ADDRESS	1545 ANNA CATHARINE DR	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, TOM	
STREET ADDRESS	13636 DORNOCH DR	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALYERS, SHAWN	
STREET ADDRESS	113 RAZORBILL CT	
CITY-ST-ZIP	ORLANDO, FL 32828	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN ZOOK	
STREET ADDRESS	14670 ST GEORGE'S HILL	
CITY-ST-ZIP	ORLANDO FL 32525	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL SMITH	
STREET ADDRESS	13549 DORNOCH DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAD HAGLI	
STREET ADDRESS	213 ROYAL LIVERPOOL LN	
CITY-ST-ZIP	ORLANDO FL 32525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MOSS	
STREET ADDRESS	326 WINGHURST BLVD	
CITY-ST-ZIP	ORLANDO FL 32525	
TITLE	SD	<input checked="" 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 exemptions contained 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 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: Kenneth C. Zook Date: 3-2-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #