


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90009 011 \*\*\*\*61.50

<b>DOCUMENT # N26894</b>							
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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2969691			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC. 1969 SO. ALAFAYA TRAIL, #327 ORLANDO, FL 32828			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 _____ (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ZOOK, KEN		NAME	Tom Lagomarsino			
STREET ADDRESS	14670 ST GEORGE'S HILL		STREET ADDRESS	13407 Point Court			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, BILL		NAME	Jim Carrico			
STREET ADDRESS	13549 DORNOCH DR		STREET ADDRESS	13113 Aronomink Lane			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAGLI, CHAD		NAME	Brady Pevehouse			
STREET ADDRESS	213 ROYAL LIVER POOL LANE		STREET ADDRESS	1144 Royal St George Dr.			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORIN, AMY		NAME	Amy Florin			
STREET ADDRESS	1545 ANNA CATHARINE DR		STREET ADDRESS	1545 Anna Catherine Dr.			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOSS, MARK		NAME	Tom Henderson			
STREET ADDRESS	326 WINGHURST BLVD		STREET ADDRESS	13636 Dornoch Drive			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SALYERS, SHAWN		NAME	Christine Sactori			
STREET ADDRESS	113 RAZORBILL CT		STREET ADDRESS	301 Bougival			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828			
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: <i>Kenneth L. Zook</i>		President		2-21-07 407 281 1018			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			



01082007 Chg-NP CR2E037 (12/06)

ATTACHMENT  
40025816

Continued Additions to Document #N26894

Title: D  
Name: Donna Young  
Street Address: 13739 Guildhall Circle  
Orlando, FL 32828

Title: D  
Name: Jeanie Reynolds  
Street address: 302 Palmway Lane  
Orlando, FL 32828

Title: D  
Name: Barton Gregory  
Street Address: 14703 Kitlanselt Way  
Orlando, FL 32828