


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 049 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite 413		Suite, Apt. #, etc. Suite 413	
City & State		City & State	
Zip	Country	Zip	Country
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)	
		5205 South Orange Ave., Suite 206	
City		City	Zip Code
		FL	32809
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 Cheryl Simmons, Agent		SIGNATURE Cheryl Simmons	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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 Henderson
STREET ADDRESS	14670 ST GEORGE'S HILL	STREET ADDRESS	Orlando, FL 32828
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	Barton Gregory
STREET ADDRESS	13549 DORNOCH DR	STREET ADDRESS	Orlando, FL 32828
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	Orlando, FL 32828
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAGMARSINO, TOM	NAME	Jeanne Reynolds
STREET ADDRESS	13407 POINT CT.	STREET ADDRESS	Orlando, FL 32828
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	Orlando, FL 32828
TITLE	T <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Only FLORIN, AMY Not Director	NAME	Jane Brooks
STREET ADDRESS	1545 ANNA CATHARINE DR	STREET ADDRESS	Orlando, FL 32828
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	Orlando, FL 32828
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, MARK	NAME	Deonne Wallberg
STREET ADDRESS	326 WINGHURST BLVD	STREET ADDRESS	Orlando, FL 32828
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	Orlando, FL 32828
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARTORI, CHRISTINE	NAME	Donna Young
STREET ADDRESS	301 BOUGIVAL	STREET ADDRESS	Orlando, FL 32828
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: Keith C. Zor		Date: 3/3/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 407.276.4069	

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4. FEI Number **59-2969691** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required