

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26894

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** EASTWOOD COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1969 SOUTH ALAFAYA TRAIL  
SUITE 413  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

1969 SOUTH ALAFAYA TRAIL  
SUITE 413  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 59-2969691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUSE OF MANAGEMENT ENTERPRISES FOR  
5205 SOUTH ORANGE AVE, SUITE 206  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

HOUSE OF MANAGEMENT ENTERPRISES FOR  
5756 S SEMORAN BLVD  
ORLANDO, FL 32822 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/16/2010

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KAUFMAN, AARON  
Address: 346 PRAIRIE DUNE WAY  
City-St-Zip: ORLANDO, FL 32828

Title: VD  
Name: SMITH, CLYDE  
Address: 13549 DORNOCH DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: SD  
Name: BLATTE, NEIL  
Address: 1104 ROYAL ABERDEEN WAY  
City-St-Zip: ORLANDO, FL 32828

Title: T  
Name: FLORIN, AMY  
Address: 1545 ANNA CATHARINE DR  
City-St-Zip: ORLANDO, FL 32828

Title: D  
Name: SHARP, ROBERT  
Address: 13437 BRISTLECONE CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: D  
Name: HARPER, ANDREA  
Address: 14913 GOLFWAY BOULEVARD  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AARON KAUFMAN

Electronic Signature of Signing Officer or Director

PD

02/16/2010

Date