

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90368 007 ****61.25

DOCUMENT # N26894

1. Entity Name
EASTWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

Mailing Address
**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

2. Principal Place of Business
882 Jackson Ave

3. Mailing Address
882 Jackson Ave

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State
Winter Park FL

Zip
32789

Country
USA

4. FEI Number **59-2969691**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MALCOM, THOMAS D
444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
882 Jackson Ave

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

City
Winter Park

State
FL

Zip Code
32789

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)

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARTKOWIAK, BART 13628 WATERHOUSE WAY ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, PAUL 13536 DORNOCH DR ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHILES, BILL 13950 GOLFWAY BLVD ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIMMO, THOMAS 1309 ROYAL ST GEORGE DR ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, TOM 13636 DORNOCH DR ORLANDO FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSEY, KATHRYN 13324 FAIRWAY POINT DR ORLANDO FL 32828 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nimmo, Thomas 1309 Royal St. George Drive Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Massey, Kathryn 13324 Fairway Pointe Drive Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a power of attorney.

SIGNATURE: **SIGNATURE REQUIRED PRESIDENT** 2/8/02 467-281-7100

CR2E037 (10/02)