

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N26894

Entity Name: EASTWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2113 RUBY RED BLVD.
SUITE B
CLERMONT, FL 34714

Current Mailing Address:

EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
ORLANDO, FL 32828 US

FEI Number: 59-2969691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXTREME MANAGEMENT TEAM
2113 RUBY RED BLVD.
SUITE B
CLERMONT, FL 34714 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: KATHY OLDRO

06/24/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name VISI, CARIANNE
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name ZEINI, ABDEL
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title TREASURER
Name GENTNER, DAWN
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name COLE, TIMOTHY
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name KAUFMAN, AARON
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name SUMNER, RICHARD
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title PRESIDENT
Name MCCALL, JEFFREY
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name WALLS, KEITH
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Continues on page 2

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.

Officer/Director Detail Continued :

Title VP
Name EMERSON, NOAH
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name CONNORS BODKIN, ERIN
Address EASTWOOD COMMUNITY
ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name GONDER, SARAH
Address EASTWOOD COMMUNITY ASSOCIATION
150 CAVAN LANE
City-State-Zip: ORLANDO FL 32828