

**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 TREASURER  
Name GENTNER, DAWN  
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 PRESIDENT  
Name MCCALL, JEFFREY  
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 DIRECTOR  
Name COLE, TIMOTHY  
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 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.*

**FILED**  
**Jun 24, 2021**  
**Secretary of State**  
**1017292147CC**

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 GONDER, SARAH  
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