### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26894

Entity Name: EASTWOOD COMMUNITY ASSOCIATION, INC.

**FILED** Aug 19, 2016 Secretary of State CC5839861862

## **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:

ORLANDO FL 32828

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 08/19/2016

> Date Electronic Signature of Registered Agent

> > Address

Officer/Director Detail:

City-State-Zip:

City-State-Zip:

City-State-Zip:

City-State-Zip:

Title **SECRETARY** Title DIRECTOR

Name VILSACK, REBECCA Name VYCE, RICHARD

**EASTWOOD COMMUNITY** Address 150 CAVAN LANE Address **ASSOCIATION** 

150 CAVAN LANE

**EASTWOOD COMMUNITY** 

ORLANDO FL 32828 City-State-Zip: **DIRECTOR** Title

BELDEN, PAUL Name Title **PRESIDENT** 

**EASTWOOD COMMUNITY** Address Name SUMNER, KAREN

ASSOCIATION

150 CAVAN LANE **ASSOCIATION** 

ORLANDO FL 32828 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828

Title **DIRECTOR** 

Name SMITH, CLYDE BILL Title VΡ

**EASTWOOD COMMUNITY** Address Name HEAD, B. DENNIS ASSOCIATION

**EASTWOOD COMMUNITY** Address 150 CAVAN LANE

**ASSOCIATION** 

ORLANDO FL 32828 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828 Title

Name YARN, CHRISTOPHER Title **TREASURER** 

**EASTWOOD COMMUNITY** Address Name RAY, JAMES

> ASSOCIATION **EASTWOOD COMMUNITY** Address 150 CAVAN LANE

**ASSOCIATION** ORLANDO FL 32828

150 CAVAN LANE ORLANDO FL 32828 City-State-Zip:

## 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.

08/19/2016 SIGNATURE: KAREN SUMNER COMMUNITY MANAGER

# Officer/Director Detail Continued:

TitleDIRECTORTitleNameKAUFMAN, AARONName

Address EASTWOOD COMMUNITY ASSOCIATION

150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828

Title DIRECTOR

Name HENDERSON, THOMAS

Address EASTWOOD COMMUNITY ASSOCIATION

150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828

Title DIRECTOR

Name SLATER, KEN

Address EASTWOOD COMMUNITY

ASSOCIATION 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828