

**2018 FLORIDA NOT FOR PROFIT CORPORATION 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

02/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	DELLACONA, PATRICIA
Address	150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828
Title	VP
Name	ZEINI, ABDELRAHMAN
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828
Title	DIRECTOR
Name	HARTLINE, RYAN
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828
Title	TREASURER
Name	GLINZMAN, LAWRENCE
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	VYCE, RICHARD
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828
Title	DIRECTOR
Name	SUMNER, KAREN
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828
Title	DIRECTOR
Name	SCHROEDER, MICHAEL
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828
Title	PRESIDENT
Name	RAY, JAMES
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE
City-State-Zip:	ORLANDO FL 32828

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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:** JAMES RAY**PRESIDENT**

02/09/2018

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCCALL, JEFF  
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

Title DIRECTOR  
Name SNYDER, JOE  
Address 150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828