Entity Name: EASTWOOD COMMUNITY ASSOCIATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2113 RUBY RED BLVD. SUITE B CLERMONT, FL 34714

DOCUMENT# N26894

Current Mailing Address:

EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE ORLANDO, FL 32828 US

FEI Number: 59-2969691

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			03/05/2019			
		Electronic Signature of Registered Agent			Date			
Officer/Director Detail :								
	Title	SECRETARY	Title	DIRECTOR				
	Name	DELLACONA, PATRICIA	Name	VYCE, RICHARD				
	Address	150 CAVAN LANE	Address	EASTWOOD COMMUNITY				
	City-State-Zip:	ORLANDO FL 32828		ASSOCIATION 150 CAVAN LANE				
	Title	TREASURER	City-State-Zip:	ORLANDO FL 32828				
	Name	SUMNER, KAREN	Title	DIRECTOR				
	Address City-State-Zip:	EASTWOOD COMMUNITYNameASSOCIATIONAddress150 CAVAN LANEAddressORLANDO FL 32828	Name	HARTLINE, RYAN				
			Address	EASTWOOD COMMUNITY				
			ASSOCIATION 150 CAVAN LANE					
	Title	DIRECTOR	City-State-Zip:	ORLANDO FL 32828				
	Name	GLINZMAN, LAWRENCE	Title	PRESIDENT				
	Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE		-				
			Name	RAY III, JAMES				
			Address	EASTWOOD COMMUNITY ASSOCIATION				
	City-State-Zip:	ORLANDO FL 32828		150 CAVAN LANE				
	Title	VP	City-State-Zip:	ORLANDO FL 32828				
	Name	MCCALL, JEFFREY	Title	DIRECTOR				
	Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE	Name	BELDEN, PAUL D				
			Address	EASTWOOD COMMUNITY ASSOCIATION 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.

SIGNATURE: JAMES B RAY III

PRESIDENT

03/05/2019

FILED Mar 05, 2019 Secretary of State 9831754771CC

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Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR	
Name	BLATTE, NEIL H	Name	WENDELL, DALLAS	
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE	Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE	
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828	
Title	DIRECTOR			
Name	LANG, THOMAS A	Title	DIRECTOR	
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE	Name	JANECEK, RICHARD	
		Address	EASTWOOD COMMUNITY	
City-State-Zip:	ORLANDO FL 32828		ASSOCIATION 150 CAVAN LANE	
Title	DIRECTOR	City-State-Zip:	ORLANDO FL 32828	
Name	SMITH, CLYDE W			
Address	EASTWOOD COMMUNITY ASSOCIATION 150 CAVAN LANE			

City-State-Zip: ORLANDO FL 32828