

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26894

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC7213365619**

**Entity Name:** EASTWOOD COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4700 MILLENIA BLVD. STE. 515  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BLVD. STE. 515  
ORLANDO, FL 32839 US

**FEI Number:** 59-2969691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIA COMMUNITY MANAGEMENT PROFESSIONALS  
4700 MILLENIA BLVD. STE. 515  
ORLANDO, FL 32839 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name YOUNG, DONNA  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title D  
Name BURTON, DANIEL  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title PRESIDENT  
Name VYCE, RICHARD  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name CHRISTOFF, DONALD  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name JANECEK, RICHARD  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title TREASURER  
Name FORD, CHERYL  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name PHELPS, PAUL  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name BLATTE, NEIL  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

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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:** RICHARD VYCE

**PRESIDENT**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VILSACK, DONALD  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name MCGUIRE, DOUG  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name KAUFMAN, AARON  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name BONUS, ANDY  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name HENDERSON, TOM  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839