2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N26894

Entity Name: EASTWOOD COMMUNITY ASSOCIATION, INC.

FILED Nov 23, 2022 Secretary of State 3247722421CC

Date

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 11/23/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

ASSOCIATION

150 CAVAN LANE

Title SECRETARY Title DIRECTOR

Name VISI, CARIANNE Name SCHUMACHER, BRIAN

Address EASTWOOD COMMUNITY Address EASTWOOD COMMUNITY

ASSOCIATION ASSOCIATION 150 CAVAN LANE 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828 City-State-Zip: ORLANDO FL 32828

Title DIRECTOR Title DIRECTOR

Name KAUFMAN, AARON Name COLE, TIMOTHY

Address EASTWOOD COMMUNITY Address EASTWOOD COMMUNITY

ASSOCIATION ASSOCIATION
150 CAVAN LANE 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828 City-State-Zip: ORLANDO FL 32828

Title DIRECTOR Title DIRECTOR

Name DAVIS, SHELLEY Name SUMNER, RICHARD

Address EASTWOOD COMMUNITY Address EASTWOOD COMMUNITY

ASSOCIATION ASSOCIATION
150 CAVAN LANE 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828 City-State-Zip: ORLANDO FL 32828

 Title
 PRESIDENT
 Title
 DIRECTOR

 Name
 MCCALL, JEFFREY
 Name
 WALLS, KEITH

Address EASTWOOD COMMUNITY Address EASTWOOD COMMUNITY

ASSOCIATION 150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828 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.

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name EMERSON, NOAH

Address EASTWOOD COMMUNITY ASSOCIATION

150 CAVAN LANE

City-State-Zip: ORLANDO FL 32828

Title TREASURER

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

Title DIRECTOR

Name TUCKER, ERNEST

Address EASTWOOD COMMUNITY

ASSOCIATION 150 CAVAN LANE

City-State-Zip: ORLA NDO FL 32828