

**2017 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

02/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name VILSACK, REBECCA  
Address 150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name BELDEN, PAUL  
Address EASTWOOD COMMUNITY  
ASSOCIATION  
150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name SMITH, CLYDE BILL  
Address EASTWOOD COMMUNITY  
ASSOCIATION  
150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828

Title D  
Name YARN, CHRISTOPHER  
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 PRESIDENT  
Name SUMNER, KAREN  
Address EASTWOOD COMMUNITY  
ASSOCIATION  
150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828

Title VP  
Name HEAD, B. DENNIS  
Address EASTWOOD COMMUNITY  
ASSOCIATION  
150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828

Title TREASURER  
Name RAY, JAMES  
Address EASTWOOD COMMUNITY  
ASSOCIATION  
150 CAVAN LANE  
City-State-Zip: ORLANDO FL 32828

**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:** KAREN SUMNER**PRESIDENT**

02/21/2017

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KAUFMAN, AARON  
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