

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004063

Entity Name: EASTLAND COVE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**C/O ASSURANCE PROPERTY MANAEMENT
PO BOX 70247
OAKLAND PARK, FL 33307-0247**Current Mailing Address:**C/O ASSURANCE PROPERTY MANAGEMENT
PO BOX 70247
OAKLAND PARK, FL 33307-0247 US**FEI Number:** 41-2070548**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKALAR & ASSOCIATES P.A.
12470 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071 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:** MICHAEL BAKALAR

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HALE, THOMAS
Address	1980 NW 44 ST
City-State-Zip:	OAKLAND PARK FL 33309

Title	PRESIDENT
Name	FLETCHER, MARIA
Address	4445 NW 20 AVE
City-State-Zip:	OAKLAND PARK FL 33309

Title	SECRETARY
Name	VEITCH, SANDRA
Address	1972 NW 45 STREET
City-State-Zip:	OAKLAND PARK FL 33309

Title	VP
Name	PLOMINSKY, ROBERT
Address	4402 NW 20 AVE
City-State-Zip:	OAKLAND PARK FL 33309

Title	DIRECTOR
Name	BOND, RICHARD
Address	4450 NW 20 AVE
City-State-Zip:	OAKLAND PARK FL 33309

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: MARIA FLETCHER

PRESIDENT

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date