

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90230 041 ****61.25

DOCUMENT # N26894

1. Entity Name

EASTWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% 2180 PARK AVENUE NORTH, #326
 WINTER PARK FL 32789
 US

% 2180 PARK AVENUE NORTH, #326
 WINTER PARK FL 32789
 US

2. Principal Place of Business

3. Mailing Address

444 W. New England Ave

444 W. New England Ave

Suite, Apt. #, etc.
 Suite B

Suite, Apt. #, etc.
 Suite B

City & State
 Winter Park, FL

City & State
 Winter Park, FL

Zip
 32789

Country

Zip
 32789

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2969691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOM, THOMAS D
 2180 PARK AVENUE NORTH, SUITE 326
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave
 Suite B

City

Winter Park

FL

Zip Code

32789

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME BENGE, TONY M
 STREET ADDRESS 316 EAST PINE ST.
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME MC CUMBER, DAVID
 STREET ADDRESS 316 EAST PINE ST.
 CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME WARLICK, THOMAS H
 STREET ADDRESS 316 EAST PINE ST
 CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

Daytime Phone #

CR2E037 (9/99)