

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90086 020 ****61.25

DOCUMENT # N26894

1. Entity Name

EASTWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

Mailing Address

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

Name

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

City

FL

Zip Code

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 **P** ☐ Change ☒ Addition
NAME **Robert Amoroso**
STREET ADDRESS **1451 Sunningdale Way**
CITY-ST-ZIP **Orlando, FL 32828**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **Randall Blankenship**
STREET ADDRESS **13667 Waterhouse Way**
CITY-ST-ZIP **Orlando, FL 32828**

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

TITLE **S** ☐ Change ☒ Addition
NAME **Aaron Kaufman**
STREET ADDRESS **346 Prairie Dune Way**
CITY-ST-ZIP **Orlando FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Kathryn Massey**
STREET ADDRESS **13324 Fairway Pte. Dr.**
CITY-ST-ZIP **Orlando FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **David Maier**
STREET ADDRESS **14807 Via Winghurst Ct.**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Paul Barry**
STREET ADDRESS **13536 Dornoch Dr.**
CITY-ST-ZIP **Orlando FL 32828**

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: *Kathryn Massey* **REQUIRED** *Kathryn Massey* **407647-2622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)