
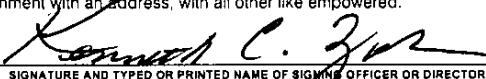


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 012 ****61.25

DOCUMENT # N26894 1. Entity Name EASTWOOD COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1969 SOUTH ALAFAYA TRAIL #327 ORLANDO, FL 32828 US			Mailing Address 1969 SOUTH ALAFAYA TRAIL #327 ORLANDO, FL 32828 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2969691	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC. 1969 SO. ALAFAYA TRAIL, #327 #437 ORLANDO, FL 32828				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARKER, TERRY 500 TUTEN TRAIL ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KEN ZOOK 14670 ST GEORGE'S HILL ORLANDO FL 32525	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NELSON, JANIE 331 WINGHURST BLVD ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BILL SMITH 13549 DORNOCH DR ORLANDO FL 32825	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAIER, DAVID 14807 VIA WINGHURST CT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAD HAGLI 213 ROYAL LIVERPOOL LN ORLANDO FL 32525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLORIN, AMY 1545 ANNA CATHARINE DR ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENDERSON, TOM 13636 DORNOCH DR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARK MOSS 326 WINGHURST BLVD ORLANDO FL 32525	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALYERS, SHAWN 113 RAZORBILL CT ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3-2-2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		