

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26894

FILED
Feb 17, 2011
Secretary of State

Entity Name: EASTWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1969 SOUTH ALAFAYA TRAIL
SUITE 413
ORLANDO, FL 32828 US

New Principal Place of Business:

150 CAVAN LANE
ORLANDO, FL 32828 US

Current Mailing Address:

1969 SOUTH ALAFAYA TRAIL
SUITE 413
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 59-2969691 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOUSE OF MANAGEMENT ENTERPRISES FOR
5756 S SEMORAN BLVD
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD
Name: KAUFMAN, AARON
Address: 346 PRAIRIE DUNE WAY
City-St-Zip: ORLANDO, FL 32828

Title: VD
Name: SMITH, CLYDE
Address: 13549 DORNOCH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: PR
Name: BLATTE, NEIL
Address: 1104 ROYAL ABERDEEN WAY
City-St-Zip: ORLANDO, FL 32828

Title: T
Name: PHELPS, PAUL
Address: 227 PORTSTEWART DR
City-St-Zip: ORLANDO, FL 32828

Title: D
Name: SHARP, ROBERT
Address: 13437 BRISTLECONE CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: D
Name: HARPER, ANDREA
Address: 14913 GOLFWAY BOULEVARD
City-St-Zip: ORLANDO, FL 32828

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: NEIL BLATTE

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02/17/2011

Electronic Signature of Signing Officer or Director

_____ Date