

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011436

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9242596178CC**

**Entity Name:** EASTSIDE CYCLING CLUB, INC.

**Current Principal Place of Business:**

4037 AVALON PARK EAST BLVD  
SUITE 2  
ORLANDO, FL 32828

**Current Mailing Address:**

4037 AVALON PARK EAST BLVD  
SUITE 2  
ORLANDO, FL 32828 US

**FEI Number:** 27-0566880

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CPA SOLUTIONS  
4037 AVALON PARK EAST BLVD  
SUITE 2  
ORLANDO, FL 32828 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name CANTOR, DALIA  
Address 4037 AVALON PARK EAST BLVD  
SUITE 2  
City-State-Zip: ORLANDO FL 32828

Title PD  
Name PERRY, JAMES  
Address 1909 CROWN HILL BLVD  
City-State-Zip: ORLANDO FL 32828

Title VP  
Name MARTYNY, DON  
Address 2615 SILVER RIVER TRL  
City-State-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:** DALIA CANTOR

**TREASURER**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date