

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 727096 (0)
1. Corporation Name
EASTWOOD PINES ASSOCIATION, INC.

95 FEB -9 AM 11:22

Principal Place of Business Mailing Address
1826 BOUGH AVENUE, #1 CLEARWATER FL 34620-1512

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1973
3a. Date of Last Report 01/21/1994
4. FEI Number 59-1552400
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 552 MAIN STREET 26 552 MAIN STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SAFETY HARBOR, FL 27 SAFETY HARBOR, FL
City & State City & State
23 34695 28 34695
Zip Country Zip Country
24 Pine Hlls 29 Pine Hlls
30 Pine Hlls

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THOMAS, JOANNE L.
1826 BOUGH AVE., #1
CLEARWATER FL 33520

10. Name and Address of New Registered Agent
81 Name STEVEN MEZER, PA
82 Street Address (P.O. Box Number is Not Acceptable) 1212 COURT ST, SUITE B
83 CLEARWATER
84 City
FL 85 Zip Code 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 2-3-95
(NOTE: Registered Agent signature required when renaming)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LURZ, BRUCE
STREET ADDRESS	209 BOUGH AVE.
CITY-ST-ZIP	CLEARWATER FL
TITLE	VP
NAME	LURZ, PAUL
STREET ADDRESS	1832 BOUGH AVENUE #1
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	COATES, DAVID
STREET ADDRESS	1821 BOUGH AVE. #1
CITY-ST-ZIP	CLEARWATER FL
TITLE	STD
NAME	THOMAS, JOANNE L
STREET ADDRESS	1826 BOUGH AVENUE #1
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	EBERHARDT, JEAN
STREET ADDRESS	1834 BOUGH AVE., #4
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	KRAKOWIAK, JUNE
STREET ADDRESS	1825 BOUGH AVE #3
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *[Signature]* BRUCE P. LURZ 1/30/95 813-531-2443
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR DATE DAYTON NUMBER