

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **727096** (0)
1. Corporation Name

EASTWOOD PINES ASSOCIATION, INC.



Principal Place of Business
**552 MAIN STREET
SAFETY HARBOR FL 34695
US**

Mailing Address
**552 MAIN STREET
SAFETY HARBOR, FL
CLEARWATER FL 34695
US**

3. Date Incorporated or Qualified: **08/06/1973**
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business
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2a. Mailing Address
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4. FEI Number: **59-1552400**
Applied For:
Not Applicable:

Suite, Apt. #, etc.
City & State
Zip
Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MEZER, STEVEN PA
1212 COURT ST
SUITE B
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LURZ, BRUCE	
STREET ADDRESS	209 BOUGH AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LURZ, PAUL	
STREET ADDRESS	1832 BOUGH AVENUE #1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COATES, DAVID	
STREET ADDRESS	1821 BOUGH AVE. #1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOANNE L	
STREET ADDRESS	1826 BOUGH AVENUE #1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EBERHARDT, JEAN	
STREET ADDRESS	1834 BOUGH AVE., #4	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
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	P.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHAFER FLORENCE	
1.3 STREET ADDRESS	1519 #1 BOUGH AVE	
1.4 CITY-ST-ZIP	CLEARWATER, FLA 34620	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COATES, DAVID	
2.3 STREET ADDRESS	1521 #1 BOUGH AVE	
2.4 CITY-ST-ZIP	CLEARWATER, FLA 34620	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S.T.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUICHMETTE, CHERYL	
3.3 STREET ADDRESS	1533 #3 BOUGH AVE	
3.4 CITY-ST-ZIP	CLEARWATER, FLA 34620	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LENNON, JACK	
4.3 STREET ADDRESS	1835 #2 BOUGH AVE	
4.4 CITY-ST-ZIP	CLEARWATER, FLA 34620	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 address.

SIGNATURE: *Cly A. Guichette* Secretary/Treasurer 2/13/96 813-224-4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)