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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727096** (0)

1. Corporation Name

EASTWOOD PINES ASSOCIATION, INC.



Principal Place of Business	Mailing Address
552 MAIN STREET SAFETY HARBOR FL 34895 US	552 MAIN STREET SAFETY HARBOR FL CLEARWATER FL 34606-9549 US

2. Principal Place of Business	2a. Mailing Address
21 3001 EXECUTIVE DR Suite, Apt. #, etc. 22 Suite 260 City & State 23 CLEARWATER FL Zip 24 34622 Country 25 Pinellas	26 3001 EXECUTIVE DR. Suite, Apt. #, etc. 27 # 260 City & State 28 CLEARWATER FL Zip 29 34622 Country 30 PINELLAS

3. Date Incorporated or Qualified 08/06/1973	3a. Date of Last Report 03/05/1996
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4. FEI Number 59-1552400	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
MEZER, STEVEN PA 4212 COURT ST SUITE-B CLEARWATER FL 34618	

10. Name and Address of New Registered Agent	
81 Name CONDOMINIUM ASSOCIATES	82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR, # 260
83	
84 City CLEARWATER	85 Zip Code FL 34622

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 Condominium Association CRAG D. CLOWELL, VICE PRES. DATE 4-14-97

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHAFFER, F L
STREET ADDRESS	1819 BOUGH AVENUE, #1
CITY - ST - ZIP	CLEARWATER FL
TITLE	VPD
NAME	COATES, DAVID
STREET ADDRESS	1821 BOUGH AVENUE, #1
CITY - ST - ZIP	CLEARWATER FL
TITLE	STD
NAME	GUILMETTE, CHERYL
STREET ADDRESS	1833 BOUGH AVENUE, #3
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	LENNON, JACK
STREET ADDRESS	1835 BOUGH AVENUE, #2
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	KRAKOWIAK, JUNE
STREET ADDRESS	1825 BOUGH AVE #3
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	BRUCE LURZ
1.3 STREET ADDRESS	209 BOUGH AVE
1.4 CITY - ST - ZIP	CLEARWATER, FL 34620
2.1 TITLE	VPD
2.2 NAME	CHARLES PHILIPPS
2.3 STREET ADDRESS	1822-4 BOUGH AVE
2.4 CITY - ST - ZIP	CLEARWATER, FL 34620
3.1 TITLE	STD
3.2 NAME	JOANNE THOMAS
3.3 STREET ADDRESS	1826-1 BOUGH AVE
3.4 CITY - ST - ZIP	CLEARWATER, FL 34620
4.1 TITLE	D
4.2 NAME	PAUL LURZ
4.3 STREET ADDRESS	1821-1 BOUGH AVE
4.4 CITY - ST - ZIP	CLEARWATER, FL 34620
5.1 TITLE	D
5.2 NAME	TOM KIS
5.3 STREET ADDRESS	1826-2 BOUGH AVE
5.4 CITY - ST - ZIP	CLEARWATER, FL 34620
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Joanne Thomas 4/18/97 CAG/LLD

CR2E037 (9/96)