

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address
3001 EXECUTIVE DR 3001 EXECUTIVE DR
260 260
CLEARWATER FL 34622 CLEARWATER FL 34622
US US

3. Date Incorporated or Qualified
08/06/1973

4. FEI Number Applied For
59-1552400 Not Applicable

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 33762 25 29 33762 30

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. #260
SUITE B
CLEARWATER FL 34622

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 33762

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 Associates By Craig J. Caldwell, VICE PRES* DATE 5-5-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LURZ, BRUCE	
STREET ADDRESS	209 BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PHILIPS, CHARLES	
STREET ADDRESS	1822-4 BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOANNE	
STREET ADDRESS	1828-1 BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUR, PAUL	
STREET ADDRESS	1832 BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIS, TOM	
STREET ADDRESS	1828-2 BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Caldwell	
1.3 STREET ADDRESS	1831-4 Bough Ave,	
1.4 CITY-ST-ZIP	Clearwater, FL 33760	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carol Ross	
2.3 STREET ADDRESS	1820-2 Bough Ave.	
2.4 CITY-ST-ZIP	Clearwater, FL 33760	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carlene Caldwell	
3.3 STREET ADDRESS	1831-4 Bough Ave.	
3.4 CITY-ST-ZIP	Clearwater, FL 33760	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kraig Blancher	
4.3 STREET ADDRESS	1833-4 Bough Ave.	
4.4 CITY-ST-ZIP	Clearwater, FL 33760	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Abernathy	
5.3 STREET ADDRESS	1829-4 Bough Ave.	
5.4 CITY-ST-ZIP	Clearwater, FL 33760	
6.1 TITLE	D FRANK HUNT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1822-3 BOUGH AVE, CLWR FL 33760	
6.3 STREET ADDRESS	D WILLIAM WHITENER	<input checked="" type="checkbox"/> Addition
6.4 CITY-ST-ZIP	1819-3 BOUGH AVE CLWR FL 33760	

14. I 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: *[Signature]* 4-20-98 (813) 532-0129

CR2E037 (1097)