

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 26 AM 9:50

DOCUMENT # **727096**

1. Corporation Name
EASTWOOD PINES ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~3001 EXECUTIVE DR #200~~ **7850 Ulmerton Rd**
~~CLEARWATER FL 33760~~ **LARGO, FL**
~~33760~~ **Suite 1 33771**



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|--|---|--|---|
| 2. New Principal Office Address, If Applicable 7850 Ulmerton Rd Suite, Apt. #, etc. Suite 1 City & State Largo Fl. Zip 33771 Country Pinellas | 3. New Mailing Office Address, If Applicable same Suite, Apt. #, etc. City & State Zip Country | 4. Date Incorporated or Qualified To Do Business in Florida 08/06/1973 | 5. FEI Number 59-1552400 Applied For Not Applicable |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|----------------|---|--|--|
| PD | GALDWELL, JAMES | 1831-4 BOUGH AVE | CLEARWATER FL 33760 |
| VPD | ROSS, CAROL Guay, Paul | 1820-2 BOUGH AVE 1823-3 Bough Ave | CLEARWATER FL 33760 Clearwater 33760 |
| STD | GALDWELL, CARLENE Burd, Barbara | 1831-4 BOUGH AVE 1833-4 Bough Ave | CLEARWATER FL 33760 Clearwater 33760 |
| D | BLANCHER, KRAIG | 1833-4 BOUGH AVE | CLEARWATER FL 33760 |
| D | ABERNATHY, JOE | 1833-4 BOUGH AVE | CLEARWATER FL 33760 |
| P/D | HUNT, FRANK | 1822-3 BOUGH AVE | CLEARWATER FL 33760 |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. #280 SUITE B CLEARWATER FL 34622 | 9. Name and Address of New Registered Agent Name Holiday Isles Prop Mgt Street Address (P.O. Box Number is Not Acceptable) 7850 Ulmerton Rd Suite, Apt. #, Etc. Suite 1 City Largo, Zip 33771 FEI Number 800003035368--8 -11/04/99--01075--012 ***236578 |
|--|--|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Robert A. Poolbeck* Date 10/20/99
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Frank Hunt, Pres* Date 10/20/99 Daytime Phone # 727-530-3119
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AD

CR25040 (8/99)