

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727096

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: EASTWOOD PINES ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-1552400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROGRESSIVE MANAGEMENT, INC.  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAUREEN C. REARDON

03/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHILIPPS, CHARLES  
Address: 1822 BOUGH AVE. #4  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: WILLIAMS, CYNTHIA  
Address: 1820 BOUGH AVE. #4  
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Delete  
Name: FIALKA, JANET  
Address: 1827 BOUGH AVE. #3  
City-St-Zip: CLEARWATER, FL 33760

Title: D (X) Delete  
Name: HICKMANN, GIOVANNA  
Address: 1822 BOUGH AVE #2  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HICKMANN, GIOVANNA  
Address: 1822 BOUGH AVE. #2  
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES PHILIPPS

PD

03/27/2007

Electronic Signature of Signing Officer or Director

Date