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FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727483 (0)
1. Corporation Name
EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.



Principal Place of Business: 2809 PINE CONE CIRCLE, CLEARWATER FL 34620-5351
Mailing Address: 40347 US 19 N #113, TARPON SPRINGS FL 34689-4841

3. Date Incorporated or Qualified: 09/18/1973
3a. Date of Last Report: 08/23/1996
4. FEI Number: 59-1836792
Applied For: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
SPOONSTER, JANET K
PREMIERE MANAGEMENT
40347 U.S. 19 NORTH, #113
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code
90 COMMUNITY ACRES & MGMT INC
40347 US 19 N #129
TARPON SPRINGS FL 34679

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	PRESTON, STEVEN	
STREET ADDRESS	2982 PINE CONE CIR	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, DON	
STREET ADDRESS	2958 PINE CONE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, LOIS	
STREET ADDRESS	1833 PINE CONE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPENCER, DENZEL	
STREET ADDRESS	1976 LEVINE LANE	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERRY, JOYCE	
STREET ADDRESS	1855 PINE CONE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOUSINAS, LARRAINE	
STREET ADDRESS	2930 PINE CONE CIR.	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE BLANC, ART	
1.3 STREET ADDRESS	2938 PINE CONE CIR.	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
2.1 TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V. Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: 4/16/97 DAYTIME PHONE: (813) 934-3252

CR2E037 (9/96)