

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90214 030 ***61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727483

1. Corporation Name
EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.

Principal Place of Business 2909 PINE CONE CIRCLE CLEARWATER FL 34620-5351	Mailing Address 40347 US 19 N #129 TARPON SPRINGS FL 34689 US
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 540861 - 90301 - 29



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/18/1973
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-1836792
24 Zip Country	29 Zip Country	5. Certificate of Status Desired <input type="checkbox"/>
25 Zip Country	30 Zip Country	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SPOONSTER, JANET K
C/O COMMUNITY ACCTG & MGMT INC.
40427 UW 19 N, #129
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
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AE BLANC, ART	1.2 NAME	
STREET ADDRESS	2938 PINE CONE CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	D-P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, DON	2.2 NAME	
STREET ADDRESS	2958 PINE CONE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LOIS	3.2 NAME	
STREET ADDRESS	1833 PINE CONE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, DENZEL	4.2 NAME	
STREET ADDRESS	1976 LEVINE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, JOYCE	5.2 NAME	
STREET ADDRESS	1855 PINE CONE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOUSINAS, LARRAINE	6.2 NAME	
STREET ADDRESS	2930 PINE CONE CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4/13/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)