

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90052 020 ****70.00

DOCUMENT # 727483

1. Entity 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 34689-4842 US |
|--|--|

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|--|---|--|
| 4. FEI Number 59-1836792 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |

6. 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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|------------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REINKE, FRANK 2906 PINE CONE CIRCLE CLEARWATER, FL 33760 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D LEBLANC, ARTHUR 1938 PINE CONE CIRCLE CLEARWATER, FL 33760 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **4/20/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)