## 727483

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	O PINES TOWNEHOMES (Name o	f corporation)
DOCUMENT NUMBER	R: 727483	
The enclosed Statement of	f Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspo	ndence concerning this ma	tter to the following:
FRAN	KLIN C. REINKE, PRESID	ENT contact person)
EASTWO	OD PINES TOWNEHOME: (Firm/	S ASSOCIATION, INC.
2909 P	NE CONE CIRCLE (A	ddress)
CLE	ARWATER, FLORIDA 337 (City/state	60 and zip code)
For further information co	oncerning this matter, pleas	e call:
FRANKLIN C. REINKE (Name of	contact person)	at (727 ) 524-8048 (Area code & daytime telephone number)
Enclosed is a \$35.00 chec	k made payable to the Dep	artment of State.
<i>Ā</i> 1 P	failing Address: unendment Section Division of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.
2. The principal office address: 2909 PINE CONE CIRCLE
CLEARWATER, FLORIDA 33760
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/18/1973 Document number: 727483
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JANET K. SPOONSTER, C/O COMMUNITY ACCTG & MGMT INC.
40427 UW 19 N., #129
40427 UW 19 N., #129  TARPON SPRINGS, FL 35689  6 The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
FRANKLIN C. REINKE, PRESIDENT
EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.
(P.O. Box NOT acceptable)
2909 PINE CONE CIRCLE, CLEARWATER, FLORIDA 33760
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.
Stantlin Tourist FRANKLIN C. REINKE, PRESIDENT
(Signature of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Tranklin Leine NOVEMBER 10, 2004
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
FRANKLIN C. REINKE
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*