



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90112 046 \*\*\*\*61.25

<b>DOCUMENT # 727483</b>							
1. Entity Name EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.							
Principal Place of Business 2909 PINE CONE CIRCLE CLEARWATER, FL 33760			Mailing Address 2909 PINE CONE CIRCLE CLEARWATER, FL 33760				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-1836792				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
REINKE, FRANKLIN C 2909 PINE CONE CIRCLE CLEARWATER, FL 33760			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REINKE, FRANKLIN C		NAME				
STREET ADDRESS	2906 PINE CONE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KUK, MIKE		NAME				
STREET ADDRESS	2948 PINE CONE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LEBLANC, ARTHUR		NAME	AISHA MOROWSKY			
STREET ADDRESS	1938 PINE COVE CIRCLE		STREET ADDRESS	2960 PINE CONE CIRCLE			
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	CLEARWATER, FL 33760			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHERRY, JOYCE		NAME				
STREET ADDRESS	1855 PINE CONE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VOUSINAS, LARRAINE		NAME				
STREET ADDRESS	2930 PINE CONE CIR.		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP				
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MERRILL, LAURA L		NAME				
STREET ADDRESS	1853 PINE CONE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.							
SIGNATURE: 			Date: 4-19-06 7275248048				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				