


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 727483 1. Entity Name EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.	
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Principal Place of Business 2909 PINE CONE CIRCLE CLEARWATER, FL 33760	Mailing Address 2909 PINE CONE CIRCLE CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE



02042007 No Chg-NP CR2E037 (4/06)

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

**REINKE, FRANKLIN C
2909 PINE CONE CIRCLE
CLEARWATER, FL 33760**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINKE, FRANKLIN C 2906 PINE CONE CIRCLE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUK, MIKE 2946 PINE CONE CIRCLE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOROWSKY, AISHA 2980 PINE CONE CIR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHERRY, JOYCE 1855 PINE CONE CIRCLE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOUTSINAS, LARRAINE 2930 PINE CONE CIR. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MERRILL, LAURA L 1853 PINE CONE CIRCLE CLEARWATER, FL 33760

U00000632677
02/21/07-80031-015 61.25

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IN THIS SPACE**

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 817, 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: *Franklin C Reinke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 7274306665
Date Daytime Phone #