

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727483

FILED
Mar 29, 2009
Secretary of State

Entity Name: EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.

Current Principal Place of Business:

2909 PINE CONE CIRCLE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2909 PINE CONE CIRCLE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-1836792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REINKE, FRANKLIN C
2906 PINE CONE CIRCLE
CLEARWATER, FL 33760 US

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:

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REINKE, FRANKLIN C
Address: 2906 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: KUK, MIKE
Address: 2946 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: MOROWSKY, AISHA
Address: 2960 PINE CONE CIR
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: CHERRY, JOYCE
Address: 1855 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: VOUTSINAS, LARRAINE
Address: 2930 PINE CONE CIR.
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: FORD, PATRICIA
Address: 2147 GROVE PLACE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: VOUTSINAS, LORRAINE
Address: 2930 PINE CONE CIR.
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN C. REINKE

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date