

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727483

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: EASTWOOD PINES TOWNEHOMES ASSOCIATION, INC.

## Current Principal Place of Business:

24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763

## New Principal Place of Business:

24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 US

## Current Mailing Address:

24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763

## New Mailing Address:

24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 US

FEI Number: 59-1836792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERI-TECH REALTY, INC.  
24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 US

## Name and Address of New Registered Agent:

SAWYER, BRIAN  
24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 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: BRIAN SAWYER

04/30/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: VOUTSINAS, LORRAINE  
Address: 24701 US HIGHWAY 19 N SUITE 102  
City-St-Zip: CLEARWATER, FL 33763

Title: VPSD  
Name: MILLER, JEAN  
Address: 24701 US HIGHWAY 19 N SUITE 102  
City-St-Zip: CLEARWATER, FL 33763

Title: DIR  
Name: MOROWSKY, AISHA  
Address: 24701 US HIGHWAY 19 N SUITE 102  
City-St-Zip: CLEARWATER, FL 33763

Title: TD  
Name: FORD, PATRICIA  
Address: 24701 US HIGHWAY 19 N SUITE 102  
City-St-Zip: CLEARWATER, FL 33763

Title: DIR  
Name: MUTH, A  
Address: 24701 US HIGHWAY 19 N SUITE 102  
City-St-Zip: CLEARWATER, FL 33763

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE VOUTSINAS

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date