

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N08292** (7)

1. Corporation Name

**TALL PINES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**40347 US 19 NORTH  
STE. 133  
TARPON SPRINGS FL 34689-4841  
US**

**40347 US 19 NORTH  
STE. 133  
TARPON SPRINGS FL 34689-4841  
US**

3. Date Incorporated or Qualified  
**03/21/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**59-2722574**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPROWLS, JOSEPH D.  
C/O PREMIERE MANAGEMENT  
40347 US 19 NORTH STE, 113  
TARPON SPRINGS FL 34689**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE  
NAME **SHIPLEY, ESTHER**  
STREET ADDRESS **7638 ROCKVILLE CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **P** ☒ DELETE  
NAME **LONSWAY, BEVERLY**  
STREET ADDRESS **10826 LA QUINTA DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☒ DELETE  
NAME **BATHORY, ZOLTAN**  
STREET ADDRESS **10726 LA QUINTA DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ DELETE  
NAME **SPRENTALL, ROBERT**  
STREET ADDRESS **10920 BROOKHAVEN DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE  
NAME **NAGY, DALE**  
STREET ADDRESS **10312 PINE NEEDLES DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ DELETE  
NAME **KRASKA, FRANK**  
STREET ADDRESS **10811 BROOKHAVEN DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DIR/PRESIDENT**  
2.3 STREET ADDRESS **JAMES LUBIANO**  
2.4 CITY-ST-ZIP **10836 BROOKHAVEN  
NEW PORT RICHEY FL 34654**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **ROBERT STAMM**  
3.3 STREET ADDRESS **TALL PINES COMMUNITY ASSN**  
3.4 CITY-ST-ZIP **10429 PINENEEDLES DRIVE  
NEW PORT RICHEY FL 34654**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **DIR/TREAS**  
4.3 STREET ADDRESS **DOLORES CASSIDY**  
4.4 CITY-ST-ZIP **10904 BROOKHAVEN  
NEW PORT RICHEY, FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **VICE PRES.**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **IRENE BERLIN SECRETARY**  
6.3 STREET ADDRESS **TALL PINES COMMUNITY ASSN**  
6.4 CITY-ST-ZIP **7610 OAKMONT LANE  
NEW PORT RICHEY FL 34654**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James Lubiano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10**  
Date

**813 924-3227**  
Daytime Phone #

CR2E037 (3/96)