

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08292 (7)**

1. Corporation Name  
**TALL PINES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>40347 US 19 NORTH STE. 133 TARPON SPRINGS FL 34689-4841 US</b>	Mailing Address <b>40347 US 19 NORTH STE. 133 TARPON SPRINGS FL 34689-4841 US</b>
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3. Date Incorporated or Qualified <b>03/21/1985</b>
4. FEI Number <b>59-2722574</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Dominick Scannavino</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3490 East Lake Rd. Suite C</b>
83
84 City <b>Palm Harbor</b>
85 Zip Code <b>FL 34685</b>

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 not a director, officer, or trustee of the corporation and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/28/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>NELIGAN, MARVIN</b>	STREET ADDRESS <b>10526 MILL RIVER DR</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> DELETE
TITLE <b>DP</b>	NAME <b>JAMES LUBRANO</b>	STREET ADDRESS <b>10836 BROOK HAVEN</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>STAMM, ROBERT</b>	STREET ADDRESS <b>10429 PINENEEDLES DR.</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> DELETE
TITLE <b>DT</b>	NAME <b>DOLORES CASSIDY</b>	STREET ADDRESS <b>10904 BROOKHAVEN</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>	<input type="checkbox"/> DELETE
TITLE <b>VP</b>	NAME <b>NAGY, DALE</b>	STREET ADDRESS <b>10312 PINE NEEDLES DR</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>BERLIN, IRENE</b>	STREET ADDRESS <b>7810 OAKMONT LANE</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL 34654</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Nancy Hassigan</b>
5.3 STREET ADDRESS	<b>7707 Rockville Ct.</b>
5.4 CITY-ST-ZIP	<b>New Port Richey, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Rosemarie Perveiler</b>
6.3 STREET ADDRESS	<b>10815 Chenega Ct.</b>
6.4 CITY-ST-ZIP	<b>New Port Richey, FL</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** **4-1098(813)849-7842**

CR2E037 (10/97)