2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **N08292**

1. Entity Name
TALL PINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2753 STATE RD 580 # 207 CLEARWATER FL 33761 US	2753 STATE RD 580 # 207 CLEARWATER FL 33761 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **59-2722574** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REARDON MAUREEN C
2753 STATE RD 580
207
CLEARWATER FL
33761 US

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

SIGNATURE _____ **02/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	HASSIGAN NANCY			NAME	BAGIN HARRY		
STREET ADDRESS	7707 ROCKVILLE CT			STREET ADDRESS	10722 LAQUINTA DRIVE		
CITY-ST-ZIP	NEW PORT RICHEY	FL	34654	CITY-ST-ZIP	NEW PORT RICHEY	FL	34654
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	ABATE MICKI			NAME	PECK BOB		
STREET ADDRESS	7638 HAIGE CT			STREET ADDRESS	10812 BROOKHAVEN DRIVE		
CITY-ST-ZIP	NEW PORT RICHEY	FL	34654	CITY-ST-ZIP	NEW PORT RICHEY	FL	34654
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	CRAWLWY ROSEMARY			NAME	MITCHELL GEORGE		
STREET ADDRESS	10815 CHENEQUA CT			STREET ADDRESS	7626 MUTTONTOWN LANE		
CITY-ST-ZIP	NEW PORT RICHEY	FL	34654	CITY-ST-ZIP	NEW PORT RICHEY	FL	34654
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BERKLEY GLADYS			NAME			
STREET ADDRESS	10347 PINENEEDLES DR			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY	FL	34654	CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	CASSIDY LLOYD			NAME	CASSIDY LLOYD		
STREET ADDRESS	10904 BROOKHAVEN DR			STREET ADDRESS	10904 BROOKHAVEN DR		
CITY-ST-ZIP	NEW PORT RICHEY	FL	34654	CITY-ST-ZIP	NEW PORT RICHEY	FL	34654
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	HILL GEORGE			NAME	HADNOTT MARY		
STREET ADDRESS	7612 TOLAR DR			STREET ADDRESS	7621 PIPING ROCK COURT		
CITY-ST-ZIP	NEW PORT RICHEY	FL	34654	CITY-ST-ZIP	NEW PORT RICHEY	FL	34654

CR2E037 (11/00)

12. 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 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 617, 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: LLOYD CASSIDY PD 02/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TD
JOANNE CHASSEY
7326 BALTUSROL DRIVE
NEW PORT RICHEY, FL 34654

SD ADELE EGBERT
10328 PINENEEDLES DRIVE

NEW PORT RICHEY, FL 34654