

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08292

FILED
Apr 20, 2011
Secretary of State

Entity Name: TALL PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2722574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REINHARDT, DEBBIE
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: PERVEILER, ROSEMARY
Address: 10707 MILLRIVER DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DVP
Name: COTUGNO, TONY
Address: 10312 TALL PINES BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DT
Name: DIERKING, BEVERLY
Address: 7633 UPTON CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DS
Name: SCHWEITZER, MARY ANN
Address: 10718 FIDDLESTICKS DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D
Name: CASSELLA, CARL
Address: 7238 BALTUSROL DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D
Name: KROBATSCH, BOB
Address: 10847 BROOKHAVEN
City-St-Zip: NEW PORT RICHEY, FL 34654

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: DEBBIE REINHARDT

CEO

04/20/2011

Electronic Signature of Signing Officer or Director

Date