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Jun 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N30514 (6)  
1. Corporation Name  
TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3224 CONIFER DRIVE LARGO FL 34641 3224 CONIFER DRIVE LARGO FL 33771-3875

3. Date Incorporated or Qualified 02/06/1989 3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 33771 Country 29 33771 Country 30

4. FEI Number 59-3096045 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  
AKINS, DIANA F  
3224 CONIFER DRIVE  
LARGO FL 34641

10. Name and Address of New Registered Agent  
81 Name AMY L. WILSON  
82 Street Address (P.O. Box Number is Not Acceptable) 3224 CONIFER DRIVE  
83  
84 City LARGO FL 85 Zip Code 33771

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 *Amy Wilson* *Amy Wilson* Treasurer 4/30/97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, AMY	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGLY, EMILY	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	YSD	<input checked="" type="checkbox"/> DELETE
NAME	AKINS, DIANA	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIMON BAREFOOT	
4.3 STREET ADDRESS	3224 CONIFER DRIVE	
4.4 CITY-ST-ZIP	LARGO FL 33771	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT CRAIG	
5.3 STREET ADDRESS	3224 CONIFER DRIVE	
5.4 CITY-ST-ZIP	LARGO FL 33771	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Amy Wilson* *Amy Wilson* 4/30/97 818-528-9207

CR2E037 (9/96)