

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 33771 US
3224 CONIFER DRIVE LARGO FL 33771 US

3. Date Incorporated or Qualified
02/06/1989
4. FEI Number 59-3096045
Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
WILSON, AMY L
3224 CONIFER DRIVE
LARGO FL 33771

10. Name and Address of New Registered Agent
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	<input type="checkbox"/> DELETE
NAME	WILSON, AMY	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SINGLY, EMILY	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAREFOOT, SIMON	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRAIG, ROBERT	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Loma Struker	
2.3 STREET ADDRESS	3224 Conifer Dr	
2.4 CITY-ST-ZIP	Largo, FL 33771	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kristen Griffin	
3.3 STREET ADDRESS	3224 Conifer Dr	
3.4 CITY-ST-ZIP	Largo, FL 33771	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Diana Akms	
4.3 STREET ADDRESS	3224 Conifer Dr	
4.4 CITY-ST-ZIP	Largo, FL 33771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 of an attachment with an address.

SIGNATURE: *Amy L Wilson* *Ulanar* 813-875-3511

CR2E037 (10/97)