


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90017 033 \*\*\*\*61.25

0055674

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N30514**

1. Corporation Name  
**TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS ASSOCIATION, INC.**

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



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/06/1989
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-3096045
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **SUSAN MORRISON**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3224 CONIFER DR.**  
 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 **SUSAN MORRISON, PRESIDENT** DATE **3/1/99**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, AMY	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SLUNKER, LOMA	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, KRISTEN	
STREET ADDRESS	3224 CONIFER DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SKINS, 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	RICHARD MORRISON	
1.3 STREET ADDRESS	3224 CONIFER DR	
1.4 CITY-ST-ZIP	LARGO, FL 33771	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUSAN MORRISON	
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	FRANK LEVERONE	
3.3 STREET ADDRESS	3224 CONIFER DR.	
3.4 CITY-ST-ZIP	LARGO, FL 33771	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATTI LESPERANCE	
4.3 STREET ADDRESS	3224 CONIFER DR	
4.4 CITY-ST-ZIP	LARGO, FL 33771	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIMON BARE FOOT	
5.3 STREET ADDRESS	3224 CONIFER DR.	
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 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, with all other like empowered.

SIGNATURE: **RICHARD MORRISON** DATE: **3/1/99** DAYTIME PHONE #: **727 532-2367**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR037 (11/98)