


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90534 035 \*\*\*\*61.25

<b>DOCUMENT # N30514</b>			
1. Entity Name <b>TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3224 CONIFER DRIVE LARGO, FL 33771 US</b>		Mailing Address <b>3224 CONIFER DRIVE LARGO, FL 33771 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORRISON, SUSAN</b> <b>3224 CONIFER DRIVE</b> <b>LARGO, FL 33771</b>		Name <b>Amy Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3224 Conifer Drive</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33771</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Amy J. Wilson, President</b> DATE <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T MORRISON, RICHARD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, RICHARD	NAME	
STREET ADDRESS	3224 CONIFER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	
TITLE	PD MORRISON, SUSAN <input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, SUSAN	NAME	Kelli Felt
STREET ADDRESS	3224 CONIFER DRIVE	STREET ADDRESS	3224 Conifer Drive
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	Largo, FL 33771
TITLE	VD LEVERONE, FRANK <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVERONE, FRANK	NAME	JoAnne Craig
STREET ADDRESS	3224 CONIFER DRIVE	STREET ADDRESS	3224 Conifer Drive
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	Largo, FL 33771
TITLE	D WILSON, AMY <input type="checkbox"/> Delete	TITLE	PLT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, AMY	NAME	Amy Wilson
STREET ADDRESS	3224 CONIFER DR.	STREET ADDRESS	3224 Conifer Drive
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	Largo, FL 33771
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Bill Bryant
STREET ADDRESS		STREET ADDRESS	3224 Conifer Drive
CITY-ST-ZIP		CITY-ST-ZIP	Largo, FL 33771
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Roberta Switz
STREET ADDRESS		STREET ADDRESS	3224 Conifer Drive
CITY-ST-ZIP		CITY-ST-ZIP	Largo, FL 33771
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <b>Amy J. Wilson</b>		4/28/05 <b>727-538-9382</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	

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4. FEI Number **59-3096045** Applied For  Not Applicable

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