

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30514

FILED
May 01, 2006
Secretary of State

Entity Name: TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3224 CONIFER DRIVE
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

3224 CONIFER DRIVE
LARGO, FL 33771 US

New Mailing Address:

FEI Number: 59-3096045 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, AMY
3224 CONIFER DRIVE
LARGO, FL 33771 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: PTD () Delete
Name: WILSON, AMY
Address: 3224 CONIFER DRIVE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: BRYANT, BILL
Address: 3224 CONIFER DRIVE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: SWITZ, ROBERTA
Address: 3224 CONIFER DR
City-St-Zip: LARGO, FL 33771

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: AKINS, DIANA
Address: 3224 CONIFER DR
City-St-Zip: LARGO, FL 33771

Title: VP () Change (X) Addition
Name: CRAIG, JOANNE
Address: 3224 CONIFER DRIVE
City-St-Zip: LARGO, FL 33771

Title: S () Change (X) Addition
Name: BOOZER, LIZ
Address: 3224 CONIFER DRIVE
City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMY WILSON

Electronic Signature of Signing Officer or Director

P

05/01/2006

_____ Date