

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08292

FILED
Apr 13, 2009
Secretary of State

Entity Name: TALL PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2722574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: P () Delete
Name: CRAWLEY, ROSEMARY
Address: 7630 BAYHILL CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: CASSELLA, CARL
Address: 7238 BALTUSROL DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPD () Delete
Name: JOHNSON, BUD
Address: 7638 WING FOOT CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: KOPP, ANDREA
Address: 7626 MUTTONTOWN
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD () Delete
Name: TUCKER, MAX
Address: 10325 RAVINES DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD () Delete
Name: SCHWEITZER, MARY ANN
Address: 10718 FIDDLESTICKS CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EDWARD, MCCLAIN
Address: 10643 MILLRIVER DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

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

Title: DVP (X) Change () Addition
Name: COTUGNO, TONY
Address: 10312 TALL PINES BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654

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

Title: TD (X) Change () Addition
Name: DIERKING, BEVERLY
Address: 7633 UPTON CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD MCCLAIN

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date