

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90774 045 *****61.25

DOCUMENT # N08292

1. Entity Name

TALL PINES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**103 CLEVELAND AVE S.W.
LARGO FL 33770
US**

Mailing Address

**103 CLEVELAND AVE S.W.
LARGO FL 33770
US**

VENDOR #:
APPROVED: *Cam*

10072056



2. Principal Place of Business

**7300 PARK ST.
Suite, Apt. #, etc.**

3. Mailing Address

**7300 PARK ST
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number **59-2722574**

Applied For

Not Applicable

Zip

33777

Country

USA

Zip

33777

Country

USA

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

6. Name and Address of Current Registered Agent

**THOMAS, DOROTHY
103 CLEVELAND AVE S.W.
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**Resource Property Mgmt
7300 PARK ST**

City

SEMINOLE

FL

Zip Code

33777

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HADNOTT, MARY	
STREET ADDRESS	7621 PIPING ROCK COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASSIDY, LLOYD	
STREET ADDRESS	10904 BROOKHAVEN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKLEY, GLADYS	
STREET ADDRESS	10347 PINENEEDLES DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, GEORGE	
STREET ADDRESS	7626 MUTTONTOWN LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, BOB	
STREET ADDRESS	10812 BROOKHAVEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BRIAN	
STREET ADDRESS	7233 BALTUSROL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

[Signature]

CR2E037 (10/02)