

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08292

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC4362513284**

**Entity Name:** TALL PINES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

8048 OLD COUNTY ROAD 54  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

8048 OLD COUNTY ROAD 54  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 59-2722574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARKLANE REAL ESTATE SERVICES, LLC  
8048 OLD COUNTY ROAD 54  
NEW PORT RICHEY, FL 34653 US

*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:** DORA STEED

03/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name PERVEILER, ROSEMARY  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title DVP  
Name COTUGNO, TONY  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title DT  
Name GAVIN, SUSAN  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title DS  
Name SCHWEITZER, MARY ANN  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title D  
Name CASSELLA, CARL  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title D  
Name KROBATSCH, BOB  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title D  
Name BRANDT, JACK  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title D  
Name JOHNSON, BUD  
Address 8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

*I hereby 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 all other like empowered.*

**SIGNATURE:** CARL CASSELLA

D

03/06/2015

Electronic Signature of Signing Officer/Director Detail

Date