### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08292

Entity Name: TALL PINES COMMUNITY ASSOCIATION, INC.

FILED Mar 06, 2020 Secretary of State 9897998566CC

# **Current Principal Place of Business:**

5430 SPRING HILL DR SPRING HILL, FL 34606

# **Current Mailing Address:**

5430 SPRING HILL DR SPRING HILL, FL 34606 US

FEI Number: 59-2722574 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PARKLANE REAL ESTATE SERVICES, LLC 5430 SPRING HILL DR SPRING HILL, FL 34606 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 03/06/2020

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

| Title           | SECRETARY            | Title           | DIRECTOR             |
|-----------------|----------------------|-----------------|----------------------|
| Name            | ANTKOWIAK, DAVE      | Name            | CASSELLA, CARL       |
| Address         | 5430 SPRING HILL DR  | Address         | 5430 SPRING HILL DR  |
| City-State-Zip: | SPRING HILL FL 34606 | City-State-Zip: | SPRING HILL FL 34606 |

Title DIRECTOR Title DIRECTOR

NameBRANDT, JACKNameKROBATSCH, BOBAddress5430 SPRING HILL DRAddress5430 SPRING HILL DRCity-State-Zip:SPRING HILL FL 34606City-State-Zip:SPRING HILL FL 34606

Title VP Title PRESIDENT

NameJOHNSON, BUDNameHORVATH, DAWNAddress5430 SPRING HILL DRAddress5430 SPRING HILL DRCity-State-Zip:SPRING HILL FL 34606City-State-Zip:SPRING HILL FL 34606

Title DIRECTOR Title **TREASURER** Name MORAN, PAULA DOUGLAS, A.J. Name 5430 SPRING HILL DR Address 5430 SPRING HILL DR Address City-State-Zip: SPRING HILL FL 34606 SPRING HILL FL 34606 City-State-Zip:

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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: PAULA MORAN DIRECTOR 03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

NameVAN NORT, KEVINAddress5430 SPRING HILL DRCity-State-Zip:SPRING HILL FL 34606