## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08292

Entity Name: TALL PINES COMMUNITY ASSOCIATION, INC.

FILED Apr 07, 2022 Secretary of State 7043785650CC

# **Current Principal Place of Business:**

24701 US HIGHWAY 19 N

SUITE 102

CLEARWATER, FL 33763

## **Current Mailing Address:**

24701 US HIGHWAY 19 N SUITE 102

CLEARWATER, FL 33763 US

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

## Name and Address of Current Registered Agent:

LOVETERE, JULIE 24701 US HIGHWAY 19 N SUITE 102

CLEARWATER, FL 33763 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: JULIE LOVETERE 04/07/2022

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

City-State-Zip:

Title SECRETARY Title DIRECTOR

Name ANTKOWIAK, DAVE Name CASSELLA, CARL

Address 24701 US HIGHWAY 19 N Address 24701 US HIGHWAY 19 N

SUITE 102

SUITE 102

CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

Title VPD Title DIRECTOR

Name DOUGLAS, AUSTIN Name KROBATSCH, BOB

Address 24701 US HIGHWAY 19 N Address 24701 US HIGHWAY 19 N

SUITE 102 SUITE 102

City-State-Zip: CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

TitlePRESIDENTTitleTREASURERNameMORIN , PAULANameMARTIN, BILLY

Address 24701 US HIGHWAY 19 N Address 24701 US HIGHWAY 19 N

SUITE 102 SUITE 102

City-State-Zip: CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR Title DIRECTOR

Name JOHNSON, BUD Name STANISLAW, JUNE

Address 24701 US HIGHWAY 19 N Address 24701 US HIGHWAY 19 N

SUITE 102 SUITE 102

City-State-Zip: CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

## Continues on page 2

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 MORIN PD 04/07/2022

# Officer/Director Detail Continued:

Title DIR

Name BURESH, LONNIE

24701 US HIGHWAY 19 N SUITE 102 Address

City-State-Zip: CLEARWATER FL 33763