

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08292

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC5594801864**

**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

03/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            SECRETARY  
Name            ANTKOWIAK, DAVE  
Address        8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

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

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

Title            DIRECTOR  
Name            BRENNER, DAVE  
Address        8048 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

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

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

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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:** ROSEMARY PERVEILER

**PRESIDENT**

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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