FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **748048** (6)

1. Corporation Name
TALL PINES PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6150 CYPRESS HOLLOW WYA NAPLES FL 33942	6150 CYPRESS HOLLOW WYA NAPLES FL 33942

3. Date Incorporated or Qualified: 07/11/1979
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2761036 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6241 CYPRESS HOLLOW WAY	26 6241 CYPRESS HOLLOW WAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NAPLES FL	28 City & State: NAPLES FL
24 Zip: 33942 25 Country: USA	29 Zip: 33942 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEITZ, GRACE B. 6150 CYPRESS HOLLOW WAY NAPLES 33942	81 Name: DENISE SMITH 82 Street Address (P.O. Box Number Is Not Acceptable) 83 6241 CYPRESS HOLLOW WAY 84 City: NAPLES FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Denise D. Smith — DENISE D. SMITH — 5/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DANE, DOUGLAS	1.2 NAME	HAFENBRACK, BARBARA	
STREET ADDRESS	6240 CYPRESS HOLLOW WAY	1.3 STREET ADDRESS	5900 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	VP	2.1 TITLE	D	☑ Change ☐ Addition
NAME	HAFENBRACK, BARBARA	2.2 NAME	JAQUITH, MARCIA	
STREET ADDRESS	5900 CYPRESS HOLLOW WAY	2.3 STREET ADDRESS	5890 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	FRANKEL, CRAIG	3.2 NAME	WHITE, JEAN	
STREET ADDRESS	5630 CYPRESS HOLLOW WAY	3.3 STREET ADDRESS	5861 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	TD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SEITZ, GRACE	4.2 NAME	SMITH, DENISE	
STREET ADDRESS	6150 CYPRESS HOLLOW WAY	4.3 STREET ADDRESS	6241 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	HORN, MORRIS	5.2 NAME	DANE, MARY	
STREET ADDRESS	6261 WAXMYRTLE WAY	5.3 STREET ADDRESS	6240 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise D. Smith — DENISE D. SMITH — 5/15/95 — 813-334-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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