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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 748048

1. Corporation Name

Tall Pines Property Owners

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: July 11 1979 | 3a. Date of Last Report

	Principal Place of Business	Mailing Address
2. / 2a.		
21 / 26	c/o Hoa Management	c/o Hoa Management
Suite, Apt. #, etc 22 / 27	265 Airport Rd S	265 Airport Rd S
City & State 23 / 28	Naples FL	Naples FL
Zip 24 / 29	34104	34104
Country 25 / 30		

4. FEI Number: 59-2761036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name: Michael A. Baviello, Jr, Esquire

82 Street Address (P.O. Box Number is Not Acceptable): 1025 Fifth Avenue North

83

84 City: Naples FL 85 Zip Code: 34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 3/18/97
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	☐ DELETE	1.1 TITLE: PD	☒ Change ☒ Addition
NAME		1.2 NAME: Albert Adams	
STREET ADDRESS		1.3 STREET ADDRESS: 6130 Wax Myrtle	
CITY-ST-ZIP		1.4 CITY-ST-ZIP: Naples FL 34109	
TITLE	☐ DELETE	2.1 TITLE: VD	☐ Change ☒ Addition
NAME		2.2 NAME: Jim Meerpohl	
STREET ADDRESS		2.3 STREET ADDRESS: 6170 Cypress Hollow Way	
CITY-ST-ZIP		2.4 CITY-ST-ZIP: Naples FL 34109	
TITLE	☐ DELETE	3.1 TITLE: TD	☐ Change ☒ Addition
NAME		3.2 NAME: John Buehler	
STREET ADDRESS		3.3 STREET ADDRESS: 5700 Cypress Hollow Way	
CITY-ST-ZIP		3.4 CITY-ST-ZIP: Naples FL 34109	
TITLE	☐ DELETE	4.1 TITLE: SD	☐ Change ☒ Addition
NAME		4.2 NAME: Mike Baviello	
STREET ADDRESS		4.3 STREET ADDRESS: 5700 Wax Myrtle Way	
CITY-ST-ZIP		4.4 CITY-ST-ZIP: Naples FL 34109	
TITLE	☐ DELETE	5.1 TITLE: D	☐ Change ☒ Addition
NAME		5.2 NAME: William J. Williams	
STREET ADDRESS		5.3 STREET ADDRESS: 27940 New York Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP: Bonita Springs, FL. 34135	4/11/97
TITLE	☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME		6.2 NAME:	
STREET ADDRESS		6.3 STREET ADDRESS:	
CITY-ST-ZIP		6.4 CITY-ST-ZIP:	

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14. I do hereby certify that the information supplied with this filing 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: [signature] 3/18/97 941-597-6319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #