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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **748048** **(6)**

1. Corporation Name

TALL PINES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O R & P MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104 US	C/O R & P MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104 US

3. Date Incorporated or Qualified: 07/11/1979

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAVIOLLO, MICHAEL A JR
1025 FIFTH AVENUE NORTH
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name % R&P Prop Mgt
82 Street Address (P.O. Box Number is Not Acceptable) 265 Airport Road S
83
84 City Naples **FL** 85 Zip Code 34104

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 X Glenn Farrell
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	☒ DELETE	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	ADAMS, ALBERT		1.2 NAME	Alan Wilson	
STREET ADDRESS	6130 WAXMYRTLE		1.3 STREET ADDRESS	5601 Cypress Hollow Way	
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP	Naples FL 34109	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	MEERPHOL, JIM		2.2 NAME	Larry Roorda	
STREET ADDRESS	6170 CYPRESS HOLLOW WAY		2.3 STREET ADDRESS	2730 Ardisia Lane	
CITY-ST-ZIP	NAPLES FL 34109		2.4 CITY-ST-ZIP	Naples FL 34109	
TITLE	TD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	BUEHLER, JOHN		3.2 NAME	Robert Traul	
STREET ADDRESS	5700 CYPRESS HOLLOW WAY		3.3 STREET ADDRESS	6161 Cypress Hollow Way	
CITY-ST-ZIP	NAPLES FL 34109		3.4 CITY-ST-ZIP	Naples FL 34109	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAVIELLO, MIKE		4.2 NAME		
STREET ADDRESS	5700 WAXMYRTLE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	WILLIAMS, WILLIAM J		5.2 NAME		
STREET ADDRESS	27940 NEW YORK STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002554410	
STREET ADDRESS			6.3 STREET ADDRESS	-06/10/98--01035--018	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

14. I 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: William J Williams 4/27/98 941-443-3353