2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2002 8:00 AM
Secretary of State

DOCUMENT# 748048

Entity Name: TALL PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R & P MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2761036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & R PROPERTY MGMT
265 AIRPORT ROADS
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	BERTRON, DIANA	
Address:	5760 CYPRESS HOLLOW WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	VPD	( ) Delete
Name:	HOULAND, LESLIE	
Address:	5830 WAX MYRTLE WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	(X) Delete
Name:	KURTASH, MALCOLM	
Address:	2731 ARDISIA LN.	
City-St-Zip:	NAPLES, FL 34109	
Title:	PD	( ) Delete
Name:	OSTOLAZA, EDWARD	
Address:	5631 CYPRESS HOLLOW WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	TD	( ) Delete
Name:	JENKINS, SCOTT	
Address:	5701 WAX MYTRLE WAY	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SD	(X) Change ( ) Addition
Name:	JONES, ANN	
Address:	5930 CYPRESS HOLLOW WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT JENKINS TD 03/21/2002

Electronic Signature of Signing Officer or Director — Date