2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
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: JONES, ANN
Address: 5930 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete
Name: WILSON, ALLAN
Address: 5601 CYPRES HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete
Name: ROORDA, LARRY
Address: 2730 ARDISIA LN
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: BOROWSKI, DAVID
Address: 6061 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: TADLOCK, TERRY
Address: 6020 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (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: PD (X) Change ( ) Addition
Name: BOROWSKI, DAVID
Address: 6061 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change ( ) Addition
Name: TADLOCK, TERRY
Address: 6020 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change ( ) Addition
Name: JAQUITH, MARCIA
Address: 5890 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GLENN CARROLL PRES 04/17/2006

Electronic Signature of Signing Officer or Director — Date