

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748048

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** TALL PINES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT  
501 GOODLETTE RD. N, STE C-200  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
501 GOODLETTE RD. N, STE C-200  
NAPLES, FL 34102 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:**

COASTAL PROPERTY MANAGEMENT  
501 GOODLETTE RD. N, STE C-200  
NAPLES, FL 34102 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: D ( ) Delete  
Name: CROUSE, LAWRENCE  
Address: 5930 CYPRESS HOLLOW WAY  
City-St-Zip: NAPLES, FL 34109

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

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

Title: S ( ) Delete  
Name: DIELLA, MELANIE  
Address: 2791 AARDISI A LANE  
City-St-Zip: NAPLES, FL 34109

Title: T (X) Delete  
Name: MYERS, LORETTA  
Address: 5830 CYPRESS HOLLOW WAY  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: CROUSE, LAWRENCE  
Address: 5930 CYPRESS HOLLOW WAY  
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Change ( ) Addition  
Name: WILSON, ALLAN  
Address: 5601 CYPRESS HOLLOW WAY  
City-St-Zip: NAPLES, FL 34109

Title: P (X) Change ( ) Addition  
Name: BOROWSKI, DAVID  
Address: 6061 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:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN S GREEN

MGR

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date