2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# 748048

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: S/T
Name: CROUSE, LAWRENCE
Address: 6040 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: D
Name: WOLF, DAVIS
Address: 6001 CYPRES HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: P
Name: JAQUITH, ROSS
Address: 5890 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: D
Name: TADLOCK, TERENCE
Address: 6020 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

Title: D
Name: ZUK, TODD
Address: 6200 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: JOHN S. GREEN MNGR 03/30/2011

Electronic Signature of Signing Officer or Director Date