

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 24, 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:**C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N, STE. 402
NAPLES, FL 34103 US**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD. N, STE C-200
NAPLES, FL 34102 US**New Mailing Address:**C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N, STE. 402
NAPLES, FL 34103 US**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:**CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N, STE. 402
NAPLES, FL 34103 US

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: JAMES FARESE

08/24/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T
Name: CROUSE, LAWRENCE
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

Title: D
Name: WOLF, DAVIS
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

Title: P
Name: JAQUITH, ROSS
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

Title: D
Name: TADLOCK, TERENCE
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

Title: D
Name: ZUK, TODD
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

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: JAMES FARESE

CAM

08/24/2011

Electronic Signature of Signing Officer or Director

Date