

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90009 048 \*\*\*\*61.25

**DOCUMENT # 761872**

1. Entity Name

**THE TALL PINES HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

402 DAKOTA CIR.  
FT. PIERCE FL 34946  
US402 DAKOTA CIR.  
FT. PIERCE FL 34946  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2440582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADIGIAN, ALBERT**  
**201 HURON CIR**  
**FT. PIERCE FL 34946**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	HADIGIAN, ALBERT	201 HURON CIR	FT PIERCE FL 34946	<input type="checkbox"/>	<input type="checkbox"/>
D	BERRY, GRACE	117 N ERIE DR	FT PIERCE FL 34946	<input type="checkbox"/>	<input type="checkbox"/>
T	RYAN, JAMES L	402 DAKOTA CIR.	FT. PIERCE FL 34946	<input type="checkbox"/>	<input type="checkbox"/>
D	ERICKSON, CLAIRE	205 W ERIE DR.	FT PIERCE FL 34946	<input type="checkbox"/>	<input type="checkbox"/>
D	DUBOIS, JEAN-MARIE	410 EAST ERIE DRIVE	FORT PIERCE FL 34946	<input type="checkbox"/>	<input type="checkbox"/>
V	DE CHAMPS, MICHAEL	216 HURON CIR.	FT PIERCE FL 34946	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JAMES L. RYAN** 3/21/01

Date

Daytime Phone #

561  
466-8441

CR2E037 (10/00)