

**2002 UNIFORM BUSINESS REPORT (UBR)****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  
US****402 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	P	<input type="checkbox"/> Delete
NAME	<b>HADIGIAN, ALBERT</b>	
STREET ADDRESS	<b>201 HURON CIR</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BERRY, GRACE</b>	
STREET ADDRESS	<b>117 N ERIE DR</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>RYAN, JAMES L</b>	
STREET ADDRESS	<b>402 DAKOTA CIR.</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ERICKSON, CLAIRE</b>	
STREET ADDRESS	<b>205 W ERIE DR.</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>DUBOIS, JEAN-MARIE</b>	
STREET ADDRESS	<b>410 EAST ERIE DRIVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34946</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DE CHAMPS, MICHAEL</b>	
STREET ADDRESS	<b>216 HURON CIR.</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES L. RYAN 3/29/02**

DO NOT WRITE IN THIS SPACE

0000313

CR2E037 (9/01)

# 2001 Florida Intangible Personal Property Tax Return for Corporation, Partnership, and Fiduciary Filers as of January 1, 2001

DR-601C  
R. 01/01

9000 00030101 301503 0001166279



Name **TALL PINES HOMEOWNERS ASSOC**  
Address **401 HURON CIRCLE**  
City/State/ZIP **FORT PIERCE, FL 34946-6605**

Use black ink. Example A - Handwritten

0 1 2 3 4 5 6 7 8 9

Example B - Typed

0123456789

DOR  
Use  
Only

00 / 00 / 00

5 9 2 4 4 0 5 8 2

Filing  
Status

Mark "X" in  
one box only



FEIN

**Schedule A**

Fiduciary Corporation Partnership Affiliated Group of Corps

Charitable Trust

Information Return Only

Check here if:

Filing Status Changed (see back of return)

Address Changed (see back of return)

Amended Return See Instructions, Page 11

STOP

Dollars

Cents

1. Accounts Receivable ..... 1. 00,000.00
2. Loans and Notes Receivable (From Schedule B, Line 17) ..... 2. 00,000.00
3. Bonds (From Schedule C, Line 18) ..... 3. 00,000.00
4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 19) ... 4. 00,000.00
5. As Agent for Stockholders (From Schedule E, Line 20.) Do not enter negative value .. 5. 00,000.00
6. Total Taxable Intangible Assets (Total of Lines 1 through 5) ..... 6. 00,000.00
7. Tax Due (Multiply Line 6 X .001)  
If Line 7 is less than \$60, no payment is due. .... 7. 00.00
8. Credits (From Tax Credit Worksheet, Line 14) ..... 8. 00.00
9. Total Tax Due (Subtract Line 8 from Line 7) ..... 9. 00.00
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; If postmarked on or before the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday, or federal or state holiday. See Instructions, Page 7.) ..... 10. 00.00
11. Penalty and Interest (See Instructions, Page 7) ..... 11. 00.00
12. Voluntary Election Campaign Contribution (\$5.00 - See Instructions, Page 7) ..... 12. 00.00
13. Total Due: (Enter here and on Line 13a of the Coupon below. See Instructions, Page 7.) ..... 13. 00.00

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge (ss.199.232 (2); 92.525(2); and 837.06, F.S.).

Signature of Officer <b>James L. Ryan</b>	Date <b>3/29/02</b>	Telephone No. <b>(761) 406-8441</b>	<input type="checkbox"/> Check here if you transmitted funds electronically
Signature of Individual or Firm Preparing the Return	Date	Preparer's SSN or FEIN	

## Payment Coupon 2001 Florida Intangible Tax

Do Not Detach

DR-601C  
R. 01/01

Return and payment must be postmarked no later than June 30, 2001, to avoid penalty and interest.

- 13a. Total Due From Line 13 ..... 13a. 00,000.00
- 13b. Less Amount Paid with Extension ..... 13b. 00,000.00
- 13c. Total Due (Line 13a less Line 13b; U.S. funds only)  
The total due cannot be a negative number. An Application for Refund is required for all overpayments. .... 13c. 00,000.00

Name  
Address  
City/State/ZIP

**TALL PINES HOMEOWNERS ASSOC,  
401 HURON CIRCLE  
FORT PIERCE, FL 34946-6605**

Enter FEI number below, if not pre-addressed:

FEIN **592440582**

☐ Check here if you transmitted funds electronically