2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90032 010 ****70.00

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

%32-43.666666D&
24012991

02172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
419 E. ERIE DR	419 E. ERIE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE, FL	City & State: FORT PIERCE, FL
Zip: 34946 Country: ST. LUCIE	Zip: 34946 Country: ST. LUCIE

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: CHAPMAN, FRANCIS (FRAN) Street Address (P.O. Box Number is Not Acceptable): 419 E. ERIE DR City: FORT PIERCE, FL Zip Code: 34946

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: FRANCIS (FRAN) CHAPMAN, PRESIDENT Francis Chapman DATE: 02.18.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HADIGIAN, ALBERT 201 HURON CIR FT PIERCE, FL 34946	☒ Delete	P CHAPMAN, FRANCIS 419 E. ERIE DR. FORT PIERCE, FL 34946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, GRACE 117 N ERIE DR FT PIERCE, FL 34946	☒ Delete	T JONAS, LYNN 403 DAKOTA WAY FORT PIERCE, FL 34946	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RYAN, JAMES L 402 DAKOTA CIR. FT. PIERCE, FL 34946	☐ Delete	D RYAN, JAMES L. 402 DAKOTA WAY FORT PIERCE, FL 34946	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, CLAIRE 205 W ERIE DR. FT PIERCE, FL 34946	☒ Delete	S KALER, ARLETTA 302 OTTAWA CIR. FORT PIERCE, FL 34946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBOIS, JEAN-MARIE 410 EAST ERIE DRIVE FORT PIERCE, FL 34946	☒ Delete	D LATOZ, JON 304 S. ERIE DR. FORT PIERCE, FL 34946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DE CHAMPS, MICHAEL 216 HURON CIR. FT PIERCE, FL 34946	☒ Delete	V AMBROSE, CATHY 124 YUMA WAY FORT PIERCE, FL 34946	☐ Change ☒ Addition

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: Francis Chapman FRANCIS CHAPMAN PRES. 02.18.04 772-465-7843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(11.) D HUNTER, HELEN
421 DAKOTA WAY
FORT PIERCE, FL 34946