
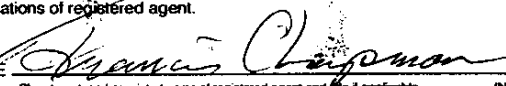
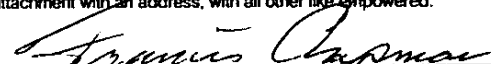


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90017 042 \*\*\*\*61.25

<b>DOCUMENT # 761872</b> 1. Entity Name <b>THE TALL PINES HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>419 E ERIE DR FT. PIERCE, FL 34946 US</b>				Mailing Address <b>419 E ERIE DR FT. PIERCE, FL 34946 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2440582</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHAPMAN, FRANCIS 419 E ERIE DR. FT. PIERCE, FL 34946</b>				7. Name and Address of New Registered Agent Name <b>FRANCIS CHAPMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>419 E. ERIE DR.</b> City <b>FT. PIERCE</b> <b>FL</b> Zip Code <b>34946</b>	
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  DATE <b>02-15-06</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, FRANCIS 419 E ERIE DR. FT. PIERCE, FL 34946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONAS, LYNN 403 DAKOTA WAY FT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ELIZABETH BEVERAGE 119 N. ERIE DR. FT. PIERCE FL 34946</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, JAMES L 402 DAKOTA CIR. FT. PIERCE, FL 34946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALER, ARLETTA 302 OTTAWA CIR. FT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARGARET CHURCHILL 415 DAKOTA WAY FT. PIERCE, FL 34946</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LATOZ, JON 304 S ERIE DR. FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, HELEN 124 YUMA WAY FT PIERCE, FL 34946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>02-15-06</b> Daytime Phone # <b>772-465-7843</b>		