

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90006 005 \*\*\*\*61.25

<b>DOCUMENT # 761872</b> 1. Entity Name <b>THE TALL PINES HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>419 E ERIE DR</del> <b>319 S. ERIE DR</b> <del>FT. PIERCE, FL 34946</del> <b>US</b>				Mailing Address <del>419 E ERIE DR</del> <b>319 SOUTH ERIE</b> <del>FT. PIERCE, FL 34946</del> <b>US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
03012007    Chg-NP    CR2E037 (12/06)				4. FEI Number <b>59-2440582</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHAPMAN, FRANCIS</b> <b>419 E ERIE DR.</b> <b>FT. PIERCE, FL 34946</b>			7. Name and Address of New Registered Agent  Name <b>MINCHEW, MAGGIE W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>319 SOUTH ERIE DR.</b>  City <b>FORT 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 <b>MAGGIE W. MINCHEW</b> <i>Maggie W Minch</i> <b>3/2/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>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	<b>P</b> <b>CHAPMAN, FRANCIS</b> <b>419 E ERIE DR.</b> <b>FT PIERCE, FL 34946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTIN, JOSEPHA</b> <b>407 E. ERIE DR.</b> <b>FORT PIERCE FL 34946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BEVERAGE, ELIZABETH</b> <b>119 N. ERIE DR</b> <b>FT PIERCE, FL 34946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MINCHEW, MAGGIE</b> <b>319 S. ERIE DR</b> <b>FORT PIERCE FL 34946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, JAMES L</b> <b>402 DAKOTA CIR.</b> <b>FT. PIERCE, FL 34946</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P</b> <b>CRESSEY, GEORGE</b> <b>309 SOUTH ERIE DR</b> <b>FORT PIERCE FL 34946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHURCHILL, MARGARET</b> <b>415 DAKOTA WAY</b> <b>FT PIERCE, FL 34946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES.</b> <b>CHURCHILL, MARGARET</b> <b>415 DAKOTA WAY</b> <b>FORT PIERCE FL 34946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTER, HELEN</b> <b>124 YUMA WAY</b> <b>FT PIERCE, FL 34946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALINOTTI, TONY</b> <b>305 SOUTH ERIE</b> <b>FORT PIERCE FL 34946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VERHEYEN, TED</b> <b>418 EAST ERIE OR</b> <b>FORT PIERCE FL 34946</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Maggie W. Minchew</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/2/07</b> <b>122-</b> <small>Date</small> <b>468-6128</b> <small>Daytime Phone #</small>		