

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761872

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE TALL PINES HOME OWNERS ASSOCIATION,INC.

Current Principal Place of Business:

319 S. ERIE
FT. PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

319 S. ERIE
FT. PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 59-2440582 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINCHEW, MAGGIE W
319 S. ERIE DR.
FT. PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHURCHILL, MARGARET
Address: 415 DAKOTA WAY
City-St-Zip: FORT PIERCE, FL 34946

Title: T () Delete
Name: MICHEW, MAGGIE
Address: 319 S. ERIE DR.
City-St-Zip: FORT PIERCE, FL 34946

Title: VP () Delete
Name: CADE, JOAN
Address: 401 DAKOTA WAY
City-St-Zip: FORT PIERCE, FL 34946 US

Title: S () Delete
Name: MORTH, JOSEPH A
Address: 402 E. ERIE D
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: HUNTER, HELEN
Address: 124 YUMA WAY
City-St-Zip: FT PIERCE, FL 34946

Title: D () Delete
Name: CRESSEY, GEORGE
Address: 309 S. ERIE
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCCONNELL, GARY
Address: 410 DAKOTA WAY
City-St-Zip: FORT PIERCE, FL 34946 US

Title: S (X) Change () Addition
Name: MARTIN, JOSEPH A
Address: 402 E. ERIE D
City-St-Zip: FORT PIERCE, FL 34946

Title: D (X) Change () Addition
Name: HOPF, GARY
Address: 128T YUMA WAY
City-St-Zip: FT PIERCE, FL 34946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGGIE MINCHEW

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date