

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761872

FILED  
Feb 08, 2010  
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  
Name: CHURCHILL, MARGARET  
Address: 415 DAKOTA WAY  
City-St-Zip: FORT PIERCE, FL 34946

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MAGGIE MINCHEW

T

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date