2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08292

FILED Apr 13, 2009 Secretary of State

Entity Name: TALL PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7300 PARK ST. SEMINOLE, FL 33777 US **Current Mailing Address: New Mailing Address:** 7300 PARK ST. SEMINOLE, FL 33777 US FEI Number: 59-2722574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CRAWLEY, ROSEMARY EDWARD, MCCLAIN Name: Name: 7630 BAYHILL CT. Address: 10643 MILLRIVER DR. Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 Title: () Delete Title: () Change () Addition CASSELLA, CARL Name: Name: Address: 7238 BALTUSROL DR Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: Title: VPD () Delete Title: DVP (X) Change () Addition JOHNSON, BUD COTUGNO, TONY Name: Name: 7638 WING FOOT CT. Address: Address: 10312 TALL PINES BLVD. City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 Title: Title: () Change () Addition () Delete Name: KOPP, ANDREA Name: 7626 MUTTONTOWN Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: Title: () Delete Title: (X) Change () Addition TUCKER, MAX DIERKING, BEVERLY Name: Name: 10325 RAVINES DR. 7633 UPTON CT. Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 Title: () Delete Title: () Change () Addition SCHWEITZER, MARY ANN Name: Name: Address: 10718 FIDDLESTICKS CT. Address: NEW PORT RICHEY, FL 34654 City-St-Zip: 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: EDWARD MCCLAIN DP 04/13/2009