

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2005
Secretary of State**

DOCUMENT# N28258

Entity Name: TALL TREES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2995812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: BELL, NETA V
Address: 5085 BLACKNELL LN
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: HAZEL, MATHEW D
Address: 391 STILL FOREST TERR
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: WILLS, WILLIAM R
Address: 495 STILL FOREST TERR
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: BARNES, ROGER
Address: 5092 BLACKNELL LN
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: GORE, MICHAEL L
Address: 403 STILL FOREST TERR
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ROBISON, GERALD D
Address: 5074 GREAT OAK LN
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GORE, MICHAEL
Address: 403 STILL FOREST TER
City-St-Zip: SANFORD, FL 32771

Title: VPD (X) Change () Addition
Name: STEINBERG, JULIAN
Address: 439 STILL FOREST TER
City-St-Zip: SANFORD, FL 32771

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

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

Title: D (X) Change () Addition
Name: DELOST, DARRYL
Address: 5082 GREAT OAK LN
City-St-Zip: SANFORD, FL 32771

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL GORE

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date