2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2007 8:00 am Secretary of State

DOCUMENT # N30514 1. Entity Name TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS ASSOCIATION, INC.						90046 009 ****70.	00	
Principal Place of Business 3224 CONIFER DRIVE LARGO, FL 33771 US		Mailing Address 3224 CONIFER DRIVE LARGO, FL 33771 US		•				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address				9 3 8 8 1 8 6 3 6 5 8 5 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-30960)45	⊢	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 A	dditional red	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Ad	dress of New	Registered Agent		
WILSON A	∆M√		Name	Ak", NS				
WILSON, AMY 3224 CONIFER DRIVE LARGO, FL 33771				Street Address (P.O. 8ax Number is Not Acceptable)				
LAROU, II	2 00171		Largo	F				
			City			FL Zim Cq	ららつし	
	named entity submits this statement	for the purpose of changing its re	egistered office or regist	ered agent, or both,	in the State of	Florida. I am familiar witl	n, and accept	
the obligati	ions of registered agent.	• •				11 -		
SIGNATURE .	(Pana 4. M	ring_			T)	1 (300,)		
Graff Troffe	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature requi	red when reinstating)		DATE		
·		· · · · · · · · · · · · · · · · · · ·			- 	DATE		
	Signature, typed or printed name of registered age Filling Fee is \$61.25 ue by September 14, 2007	ent and little if applicable. (NOTE: 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	FI	Make check payable lorida Department of		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees			State	
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9366 Q366 Daytime Phone #