2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am

DOCUMENT # N30514 1. Entity Name TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS ASSOCIATION, INC.					01-16-2008 90049 025 ****70.00					
Principal Place of Business 3224 CONIFER DRIVE LARGO, FL 33771 US		Mailing Address 3224 CONIFER DRIVE LARGO, FL 33771 US			« صفيقا قبلور إيوار قراق	· Albert Briggs Sr		···=: 61 (82)		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-30960	45			oplied For of Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Curren	it Registered Agent		Nama	7. Name and Ad	idress of New R	egistered	Agent		
AKINS, DIANA 3224 CONIFER DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)						
LARGO, F							<u> </u>			
			City			FL Zip Code				
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or register	red agent, or both, i	n the State of Flo	orida. Iam	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						1	13/2	.008		
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTi	E: Registered	d Agent signature required	d when reinstating)	i	DATE			
	Filling Fee is \$61.25 Due by May 1, 2008	nt and title if applicable. (NOTI 9. Election Car Trust Fund C	mpaign Fi	inancing	\$5.00 May Be Added to Fees			k payable to		
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12. I hereby certify that the information supplied with this filing 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:

Pia

13/2008