

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jul 09, 1999 8:00 am
 Secretary of State

07-09-1999 90018 011 ****61.25

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DOCUMENT # N36307

1. Corporation Name

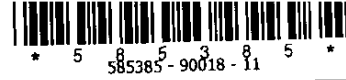
TALL PINES SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

% JOAN STAWARA
 4101 OCEAN DRIVE
 VERO BEACH FL 32963

Mailing Address

% JOAN STAWARA
 4101 OCEAN DRIVE
 VERO BEACH FL 32963



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/26/1990

4. FEI Number

65-0329146

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STAWARA, JOAN
 4101 OCEAN DRIVE
 VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME STAWARA, JOAN
 STREET ADDRESS 4101 OCEAN DR.
 CITY-ST-ZIP VERO BEACH FL

TITLE SVT DELETE

NAME STAWARA, FRANK
 STREET ADDRESS 4101 OCEAN DR.
 CITY-ST-ZIP VERO BEACH FL

TITLE D DELETE

NAME STAWARA, FRANK
 STREET ADDRESS 4101 OCEAN DR.
 CITY-ST-ZIP VERO BEACH FL

TITLE D DELETE

NAME HENGY, WILLIS M.
 STREET ADDRESS 253 EAST HARBOR DR.
 CITY-ST-ZIP VERO BEACH FL

TITLE DELETE

NAME
 STREET ADDRESS

TITLE DELETE

NAME
 STREET ADDRESS

TITLE DELETE

NAME
 STREET ADDRESS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Joan Stawara
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99 861-231-3467
 Date Daytime Phone #

CR2E037 (5/99)