

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N36307**  
 1. Entity Name  
**TALL PINES SUBDIVISION PROPERTY OWNERS' ASSOCIAT**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**  
 04-23-2000 90027 026 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**% JOAN STAWARA** **% JOAN STAWARA**  
**4101 OCEAN DRIVE** **4101 OCEAN DRIVE**  
**VERO BEACH FL 32963** **VERO BEACH FL 32963-5413**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0329146** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STAWARA, JOAN**  
**4101 OCEAN DRIVE**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STAWARA, JOAN</b>	
STREET ADDRESS	<b>4101 OCEAN DR.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>SVT</b>	<input type="checkbox"/> Delete
NAME	<b>STAWARA, FRANK</b>	
STREET ADDRESS	<b>4101 OCEAN DR.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAWARA, FRANK</b>	
STREET ADDRESS	<b>4101 OCEAN DR.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENGY, WILLIS M.</b>	
STREET ADDRESS	<b>253 EAST HARBOR DR.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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* **4-6-2000** **561-231-3467**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)