

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90071 034 \*\*\*\*61.25

**DOCUMENT # N36307**

1. Entity Name

**TALL PINES SUBDIVISION PROPERTY OWNERS' ASSOCIAT**

Principal Place of Business

Mailing Address

% JOAN STAWARA  
 4101 OCEAN DRIVE  
 VERO BEACH FL 32963

% JOAN STAWARA  
 4101 OCEAN DRIVE  
 VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

- Suite, Apt. #, etc.:

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0329146**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAWARA, JOAN  
 4101 OCEAN DRIVE  
 VERO BEACH FL 32963

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-2001**

Date

**561-231 3467**

Daytime Phone #

CR2E037 (10/00)