


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90002 017 ****61.25

DOCUMENT # N36307	
1. Entity 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
---	---

54017073



MOORE CR2E037 (11/03)

2. Principal Place of Business C/O Deborah L. Woolley Suite, Apt. #, etc. 1305 38th Ave City & State Vero Beach FL Zip 32960	3. Mailing Address C/O Deborah L. Woolley Suite, Apt. #, etc. 1305 38th Ave City & State Vero Beach FL Zip 32940
--	--

4. FEI Number 65-0329146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Deborah L. Woolley Street Address (P.O. Box Number is Not Acceptable) 1305 38th Ave City Vero Beach FL Zip Code 32960	
--	--

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Deborah L. Woolley Signature, typed or printed name of registered agent and title if applicable.	Joan M. Stawara (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Bob LaPorte 1340 38th Ave Vero Beach FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Stawara 1301 38th Ave Vero Beach FL 32960 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Joe Stawara 1301 38th Ave Vero Beach FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Tracy Garrett 1310 38th Ave Vero Beach FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Deborah L. Woolley 1305 38th Ave Vero Beach FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah L. Woolley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/9/04 Date	772-562-7102 Daytime Phone #
---	-----------------------	--