


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36307**  
1. Entity Name  
**TALL PINES SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O FRAN PERKINS 1335 38TH AVE VERO BEACH, FL 32960</b>	Mailing Address <b>C/O FRAN PERKINS 1335 38TH AVE VERO BEACH, FL 32960</b>
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**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0329146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**PERKINS, FRAN  
1335 38TH AVE  
VERO BEACH, FL 32960**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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

U00000656231  
03/14/07-80017-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVICKI, JOSEPH 1345 38TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPORTE, BOB 1341 38TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRETT, TRACEY 1310 38TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERKINS, FRAN 1335 38TH VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Fran Perkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07 (712) 778-5404  
Date Daytime Phone #