

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36307

FILED
Apr 05, 2009
Secretary of State

Entity Name: TALL PINES SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O FRAN PERKINS
1335 38TH AVE
VERO BEACH, FL 32960

New Principal Place of Business:

C/O LISA SULLIVAN
1365 38TH AVE
VERO BEACH, FL 32960

Current Mailing Address:

C/O FRAN PERKINS
1335 38TH AVE
VERO BEACH, FL 32960

New Mailing Address:

C/O LISA SULLIVAN
1365 38TH AVE
VERO BEACH, FL 32960

FEI Number: 65-0329146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SULLIVAN, LISA
1365 38TH AVE
VERO BEACH, FL 32960 US

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: LISA SULLIVAN, TREASURER

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAVICKI, JOSEPH
Address: 1345 38TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: LAPORTE, BOB
Address: 1341 38TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: GARRETT, TRACEY
Address: 1310 38TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: PERKINS, FRAN
Address: 1335 38TH
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GREEN, ROBERT
Address: 1375 38TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VP (X) Change () Addition
Name: WALKER, RENEE
Address: 1301 38TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SULLIVAN, LISA
Address: 1365 38TH AVE
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SULLIVAN

TREA

04/05/2009

Electronic Signature of Signing Officer or Director

Date