


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90103 040 ****61.25

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

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| Principal Place of Business % JOAN STAWARA 4101 OCEAN DRIVE VERO BEACH FL 32963 | Mailing Address % JOAN STAWARA 4101 OCEAN DRIVE VERO BEACH FL 32963 |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|--|----------------|
| 4. FEI Number 65-0329146 | Applied For |
| | Not Applicable |

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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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|---|--|
| 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. I am familiar with, and accept the obligations of registered agent.

| | | |
|------------------|--|-------------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|------------------|--|-------------|

| | | |
|---------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STAWARA, JOAN 4101 OCEAN DR. VERO BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVT STAWARA, FRANK 4101 OCEAN DR. VERO BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAWARA, FRANK 4101 OCEAN DR. VERO BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENGY, WILLIS M. 253 EAST HARBOR DR. VERO BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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.

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|--|------------------------------|--|
| SIGNATURE: <i>Signature of Joan Stawara</i> | Date: <i>2-5-2003</i> | Daytime Phone #: <i>772-2313467</i> |
|--|------------------------------|--|

CR2E037 (10/02)