

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40311

FILED
Mar 26, 2009
Secretary of State

Entity Name: THE TAR PINE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

U.S. 98
P O BOX 404
PANACEA, FL 32346

New Principal Place of Business:

HWY 98
PANACEA, FL 32346

Current Mailing Address:

P.O. BOX 404
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-3028198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODELL, CAROL
96 MONOCOUCPE CIR
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ODELL, CAROL
Address: 96 MONOCOUCPE CIR
City-St-Zip: PANACEA, FL 32346

Title: DV () Delete
Name: FULTS, STEVEN
Address: 35 MONOCOUCPE CIR
City-St-Zip: PANACEA, FL 32346

Title: DT () Delete
Name: WILSON, DIANE
Address: PO BOX 206
City-St-Zip: PANACEA, FL 32346

Title: DS () Delete
Name: PEAVY, TRACY
Address: 45 MONOCOUCPE CIR
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change () Addition
Name: KUERSTEINER, SHERRY
Address: 8 STINSON TAXIWAY
City-St-Zip: PANACEA, FL 32346

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: CAROL ODELL

DP

03/26/2009

Electronic Signature of Signing Officer or Director

Date