

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40311

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** THE TAR PINE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

HWY 98  
PANACEA, FL 32346

**New Principal Place of Business:**

HWY 98 & TARPINE DRIVE  
PANACEA, FL 32346

**Current Mailing Address:**

P.O. BOX 404  
PANACEA, FL 32346

**New Mailing Address:**

PO BOX 404  
PANACEA, FL 32346

**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 MONOCOUPPE 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  
Name: ODELL, CAROL  
Address: 96 MONOCOUPPE CIR  
City-St-Zip: PANACEA, FL 32346

Title: DV  
Name: FULTS, STEVEN WILSON  
Address: 35 MONOCOUPPE CIR  
City-St-Zip: PANACEA, FL 32346

Title: DT  
Name: WILSON, DIANE  
Address: 175 TARPINE DR POB 206  
City-St-Zip: PANACEA, FL 32346

Title: DS  
Name: KUERSTEINER, SHERRY  
Address: 46 MONOCOUPPE CIR  
City-St-Zip: PANACEA, FL 32346

I hereby 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 all other like empowered.

SIGNATURE: DIANE WILSON

DT

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date