

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90193 042 ****70.00

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1. Entity Name
TALL TREES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O A&N MANAGEMENT, INC.
6413 CONGRESS AVE STE 220
BOCA RATON, FL 33487**

Mailing Address
**C/O A&N MANAGEMENT, INC.
6413 CONGRESS AVE STE 220
BOCA RATON, FL 33487**

50036609



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0538853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COPLAN, LOUIE ESQ
301 YAMATO ROAD, SUITE 4150
BOCA RATON, FL 33431**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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-STATE-ZIP
**DT
LOWELL, FREEDLAND
7590 NW 47 AVE
COCONUT CREEK, FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DT
WOLFE BURT
4754 NW 76 ST
COCONUT CREEK, FL 33073** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
WOLFE, BURT
4754 N.W. 76TH STREET
COCONUT CREEK, FL 33073** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP/SD
CAROL A STANISHIA
4710 NW 75 ST
COCONUT CREEK, FL 33073** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
DICUS, LYNN
4714 NW 76TH ST
COCONUT CREEK, FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DT
DOMINIC COPPOLA
4720 NW 75 ST
COCONUT CREEK, FL 33073** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DT
SPAU, HEATHER
4713 NW 77TH PL
COCONUT CREEK, FL 33073** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ 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.

SIGNATURE:

James M. Davis President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #