

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006615**

1. Entity Name  
**TALL PINE VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1750 WILD ACRES RD.  
LARGO, FL 33771**

Mailing Address  
**1750 WILD ACRES RD.  
LARGO, FL 33771**

**DO NOT WRITE IN THIS SPACE**



04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3555392**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOWEN, LOUISE  
1750 WILD ACRES RD.  
LARGO, FL 33771**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstated)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BOWEN, LOUISE
STREET ADDRESS	1750 WILD ACRES RD.
CITY-ST-ZIP	LARGO, FL 33771
TITLE	SD
NAME	SUCHMAN, LISA
STREET ADDRESS	1750 WILD ACRES RD.
CITY-ST-ZIP	LARGO, FL 33771
TITLE	TD
NAME	MEYER, SID
STREET ADDRESS	1750 WILD ACRES RD.
CITY-ST-ZIP	LARGO, FL 33771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000505410  
04/26/06-80116-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sidney B Meyer* **SIDNEY B. MEYER**

**4/10/06**

**727-415-7679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #