

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731242 (4)

1. Corporation Name

INDIAN SPRINGS CONDOMINIUMS, INC.



Principal Place of Business

Mailing Address

C/O STERLING MANAGEMENT  
1301 SEMINOLE BLVD., STE. 172  
LARGO FL 34646  
US

C/O STERLING MANAGEMENT  
1301 SEMINOLE BLVD., STE. 172  
LARGO FL 34646  
US

3. Date Incorporated or Qualified  
11/25/1974

3a. Date of Last Report  
02/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1677313

Applied For  
Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc.

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

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOEFFLER, KARL  
1301 SEMINOLE BLVD, STE 172  
LARGO FL 34640

81 Name  
DARREN K. SHAW  
82 Street Address (P.O. Box Number is Not Acceptable)  
1301 SEMINOLE BLVD. STE. 172  
83 LARGO, FLA. 34640  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DARREN K. SHAW**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	TORELLI, LOUIS	
STREET ADDRESS	14800 WALSINGHAM RD #217	
CITY - ST - ZIP	LARGO FL 34644	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRADLEY, BOYD	
STREET ADDRESS	14800 WALSINGHAM RD., #709	
CITY - ST - ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BIRMINGHAM, DOROTHY	
STREET ADDRESS	14800 WALSINGHAM RD #713	
CITY - ST - ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, THOMAS	
STREET ADDRESS	14800 WALSINGHAM RD #217	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUSTERER, ADRIENNE	
STREET ADDRESS	14800 WALSINGHAM RD #401	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, VANCE	
STREET ADDRESS	11541 SHIPWATCH DR #1017	
CITY - ST - ZIP	LARGO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. MARTIN, JR. PRES.

Date

1/23/96

Daytime Phone #

(813) 559-0400

CR2E037 (12/95)