

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34648 US	C/O STERLING MANAGEMENT 1301 SEMINOLE BLVD., STE. 172 LARGO FL 34648 US

3. Date Incorporated or Qualified	11/25/1974
4. FEI Number	59-1677313
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
SHAW, DARREN K 1301 SEMINOLE BLVD STE 172 LARGO FL 34640	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	TORELLI, LOUIS
STREET ADDRESS	14800 WALSINGHAM RD #217
CITY-ST-ZIP	LARGO FL 34644
TITLE	S <input checked="" 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Addition
2.2 NAME	S THOMAS TUFTS
2.3 STREET ADDRESS	14800 WALSINGHAM RD. #712
2.4 CITY-ST-ZIP	LARGO, FLA. 33774
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 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 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]* President 2-2-98

CR2E037 (10/97)