

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90029 003 ****61.25

DOCUMENT # 731242

1. Entity 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 33770-8113
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O STERLING MANAGEMENT

C/O STERLING MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2800 SCHERER DR. # 840

2800 SCHERER DR. # 840

City & State

City & State

ST. PETERSBURG

ST. PETERSBURG

4. FEI Number

59-1677313

Applied For

Not Applicable

Zip

Country

33716 FA

INDIANS

Zip

Country

33716 FLA

INDIANS

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

~~STROPS, MARK S
 1301 SEMINOLE BLVD STE 172
 LARGO FL 34646~~

Name: *MARK S. STROPS*
 Street Address (P.O. Box Number is Not Acceptable): *2800 Scherer Drive # 840*
 City: *ST. Petersburg* FL Zip Code: *33716*

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.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

MARK S. STROPS
 (NOTE: Registered Agent signature required when reinstating)

3/9/2000
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** Delete
 NAME **TORELLI, LOUIS**
 STREET ADDRESS **14800 WALSINGHAM RD #217**
 CITY-ST-ZIP **LARGO FL 34644**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **TUFTS, THOMAS**
 STREET ADDRESS **14800 WALSINGHAM ROAD #712**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **BIRMINGHAM, DOROTHY**
 STREET ADDRESS **14800 WALSINGHAM RD #713**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **MARTIN, THOMAS**
 STREET ADDRESS **14800 WALSINGHAM RD #217**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KUSTERER, ADRIENNE**
 STREET ADDRESS **14800 WALSINGHAM RD #401**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME **D MORGAN, DEBRA ANN**
 STREET ADDRESS **14800 WALSINGHAM RD # 905**
 CITY-ST-ZIP **LARGO, FLA. 33774**

TITLE **D** Delete
 NAME **PERRY, VANCE**
 STREET ADDRESS **11541 SHIPWATCH DR #1017**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME **D POTERALSKI, REGINA**
 STREET ADDRESS **14800 WALSINGHAM RD # 302**
 CITY-ST-ZIP **LARGO, FLA. 33774**

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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Mar 2000
 Date

Daytime Phone #

CR2E037 (9/99)