

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90188 030 \*\*\*\*61.25

**DOCUMENT # 731242**

1. Entity Name

**INDIAN SPRINGS CONDOMINIUMS, INC.**

Principal Place of Business

C/O STERLING MANAGEMENT  
 2880 SCHERER DR #840  
 SAINT PETERSBURG FL 33716  
 US

Mailing Address

C/O STERLING MANAGEMENT  
 2880 SCHERER DR #840  
 SAINT PETERSBURG FL 33716  
 US

36435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1677313**

Applied For

Not Applicable

Zip

Country

Zip

Country

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~~  
 2880 SCHERER DRIVE #840  
 SAINT PETERSBURG FL 33716

Correction →

Name **mark Stoops**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **S/T/D**  Change  Addition  
 NAME **Rod Dewitt**  
 STREET ADDRESS **14800 Walsingham Rd. #202**  
 CITY-ST-ZIP **Largo, FL 33774**

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

TITLE  Change  Addition  
 NAME **Thomas Tufts**  
 STREET ADDRESS **14800 Walsingham Rd. #712**  
 CITY-ST-ZIP **Largo FL 33774**

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 **PD**  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 **MORGAN, DEBRA A**  
 STREET ADDRESS **14800 WALSINGHAM RD #302**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **POTERLSKI, REGINA**  
 STREET ADDRESS **14800 WALSINGHAM RD #302**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(c), Florida Statutes, and 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 time empowered.

SIGNATURE:

*Tom Martin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tom Martin, Agent 3-7-01*  
 Date

*299-5585*  
 Daytime Phone #

*Tom Martin, President*

CPRE037 (10/00)