

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 # 752068 (7)
1. Corporation Name
INDIAN PINES VILLAGE CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: 6000 INDRIO ROAD FT PIERCE FL 34951-3205
Mailing Address: 6000 INDRIO ROAD FT PIERCE FL 34951-3205

3. Date Incorporated or Qualified: 04/17/1980
3a. Date of Last Report: 03/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 95-2951234
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JANE L. CORNETT, ESQ
401 E. OSCEOLA STREET
401 EAST OSCEOLA STREET
STUART FL 34995

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD FRIGAULT, ALEX <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIGAULT, ALEX	1.2 NAME	LUDWIG HAAS
STREET ADDRESS	6034 INDRIO RD	1.3 STREET ADDRESS	6032 INDRIO RD. UNIT P-6
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE FL. 34951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD ARCHIBALD, JOHN <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ARCHIBALD, JOHN	2.2 NAME	
STREET ADDRESS	6032 INDRIO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	TD XXXXXXXXXXXXXXXXXXXXXXXX <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, CHERYL XXXXXXX	3.2 NAME	
STREET ADDRESS	1815 31ST AVENUE XXXXX	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL XXXXX	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	200001730292
CITY-ST-ZIP		4.4 CITY-ST-ZIP	03/04/96--01030--019
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD FRIGAULT, ALEX <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIGAULT, ALEX	1.2 NAME	LUDWIG HAAS
STREET ADDRESS	6034 INDRIO RD	1.3 STREET ADDRESS	6032 INDRIO RD. UNIT P-6
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE FL. 34951 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD ARCHIBALD, JOHN <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ARCHIBALD, JOHN	2.2 NAME	
STREET ADDRESS	6032 INDRIO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	TD XXXXXXXXXXXXXXXXXXXXXXXX <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, CHERYL XXXXXXX	3.2 NAME	
STREET ADDRESS	1815 31ST AVENUE XXXXX	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL XXXXX	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	200001730292
CITY-ST-ZIP		4.4 CITY-ST-ZIP	03/04/96--01030--019
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Alex Frigault - ALEX FRIGAULT FEB. 6, 96 407-461-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)