

FILE NOW: FILING FEE IS \$61.25

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Mar 10 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 # 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
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3. Date Incorporated or Qualified 04/17/1980	
4. FEI Number 95-2951234	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**JANE L. CORNETT, ESQ
401 E. 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
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	POLIZATTO, PETER	
STREET ADDRESS	6924 INDRIO ROAD #L-4	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUESS, KENNETH	
STREET ADDRESS	1112 HI RIDGE DR	
CITY-ST-ZIP	BETHEL PARK PA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAAS, LUDWIG	
STREET ADDRESS	6032 INDRIO RD. UNIT P-6	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RONDEAU, PAUL	
STREET ADDRESS	9 EAGLE LANE	
CITY-ST-ZIP	CANDLER NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERGANI, LELAND	
STREET ADDRESS	6004 INDRIO ROAD #A-4	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARCHIBALD, JOHN	
1.3 STREET ADDRESS	6032 INDRIO RD #P-2	
1.4 CITY-ST-ZIP	FT PIERCE FL	
2.1 TITLE	D	<input checked="" 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRIGUALT ALEX	
4.3 STREET ADDRESS	6034 INDRIO RD. Q1	
4.4 CITY-ST-ZIP	FT. PIERCE FL	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KILMER HARRY	
5.3 STREET ADDRESS	6024 INDRIO RD L-5	
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: *John Archibald* 3/3/98

CR2E037 (10/97)