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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752068

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/17/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	95-2951234
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
Country	Zip	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JANE L. CORNETT, ESQ 401 E. OSCEOLA STREET STUART FL 34995	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	PD ARCHIBICLO, JOHN 6032 INDRIO RD, P-2 FT PIERCE FL	1.1 TITLE	3D WILKINSON, Constance 6004 Indrio Rd. A-2 Ft. Pierce, FL 34951
NAME	D SUESS, KENNETH 1112 HI RIDGE DR BETHEL PARK PA	1.2 NAME	D Butkowsky, ALEX 6010 Indrio Rd. D-5 Ft. Pierce, FL 34951
STREET ADDRESS	VPD HAAS, LUDWIG 6032 INDRIO RD. UNIT P-6 FT. PIERCE FL	2.1 TITLE	
CITY-ST-ZIP	SD FRIGUALT, ALEX 6034 INDRIO RD, Q-1 FT PIERCE FL	2.2 NAME	
	TD KILMER, HARRY 6024 INDRIO RD, L-5 FT PIERCE FL	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	PD
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 3-29-99 561-461-4808

 Harry A. Kilmer Sr.
 Treasurer

CR2E037 (11/98)