
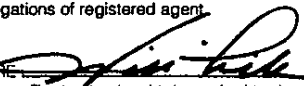



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 752068			
1. Entity Name INDIAN PINES VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6000 INDRIO ROAD FT PIERCE, FL 34951-3205		Mailing Address C/O ADVANTAGE PROPERTY MANAGEMENT P O BOX 65 JENSEN BEACH, FL 34958 <i>Cl Keystone Property Management</i>	
2. Principal Place of Business		3. Mailing Address 2001-9th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 308	
City & State		City & State Vero Beach, FL	
Zip		Zip 32960	
Country		Country USA	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, DEBORAH L 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994		Name	
		Street Address (P.O. Box Number is Not Acceptable) 100050202251	
		City	
		Zip Code FL	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 9-14-05	
Signature, typed or printed name of registered agent and (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	TD	<input type="checkbox"/> Delete	
NAME	ARCHIBALD, JAQUELINE		
STREET ADDRESS	6032 INDRIO RD #P2		
CITY-ST-ZIP	FORT PIERCE, FL 34951		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	LUNDBERG, WILLIAM		
STREET ADDRESS	6002 INDRIO RD., #K4		
CITY-ST-ZIP	FORT PIERCE, FL 34951		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	BERGANDI, CORA		
STREET ADDRESS	6004 INDRIO RD #A4		
CITY-ST-ZIP	FORT PIERCE, FL 34951		
TITLE	D	<input type="checkbox"/> Delete	
NAME	RAMIREZ, MOISES		
STREET ADDRESS	6028 INDRIO RD M-2		
CITY-ST-ZIP	FORT PIERCE, FL 34951		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	COLEMAN, CLARISSA		
STREET ADDRESS	6006 INDRIO RD., #B4		
CITY-ST-ZIP	FORT PIERCE, FL 34951		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Auerbach, Herman PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6020 Indrio Rd. #I8		
STREET ADDRESS	Ft. Pierce, FL 34951		
CITY-ST-ZIP			
TITLE	Brace Lloyd VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6018 Indrio Rd. #H8		
STREET ADDRESS	Ft. Pierce, FL 34951		
CITY-ST-ZIP			
TITLE	Leslie Sadbeck SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	1509 Pheasant Walk		
STREET ADDRESS	Ft. Pierce, FL 34950		
CITY-ST-ZIP			
TITLE	John Melnert TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6004 Indrio Rd. #A6		
STREET ADDRESS	Ft. Pierce, FL 34951		
CITY-ST-ZIP			
TITLE	Clarissa Coleman D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6006 Indrio Rd. #B4		
STREET ADDRESS	Ft. Pierce, FL 34951		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: 		DATE: 9/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #: 772 461 4808	

FILED
05 SEP 29 11:27

