

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 038 ****61.25

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
 2001-9TH AVENUE
 VERO BEACH, FL 32960**

50008663



2. Principal Place of Business
C/O SCHLITT PROP. MGMT

3. Mailing Address
C/O SCHLITT PROP MGMT

Suite, Apt. #, etc.
3240 CARDINAL DR.

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3240 CARDINAL DR.

01132006 Chg-NP CR2E037 (11/05)

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
95-2951234

Applied For
 Not Applicable

Zip
32963

Country

Zip
32963

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, DEBORAH L
 759 S FEDERAL HWY, SUITE 212
 STUART, FL 34994**

7. Name and Address of New Registered Agent

Name **SCHLITT PROPERTY MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
3240 CARDINAL DRIVE
 City **VERO BEACH FL** Zip Code **32963**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUERBACH, HERMAN 6032 INDRIO RD #18 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LLOYD, BRUCE 6018 INDRIO RD., #H8 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SADZECK, LESLIE 1529 PHEASANT WALK FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, MOISES 6028 INDRIO RD M-2 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, CLARISSA 6006 INDRIO RD., #B4 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEINERT, JOHN 6004 INDRIO RD #A6 FORT PIERCE, FL 34951	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNBY, JOSEPH 6040 INDRIO RD. T-4 FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUESS, DONALD 6004 INDRIO RD. A-5 FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARR, MONA 6010 INDRIO RD, D-1 FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph M. Hornby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 772-489-4323
 Date Daytime Phone #

JOSEPH HORNBY