


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 022 ****61.25

DOCUMENT # 752068

1. Entity Name
INDIAN PINES VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O SCHLITT PROP. MGMT
 3240 CARDINAL DR
 VERO BEACH, FL 32963**

Mailing Address
**C/O SCHLITT PROP. MGMT
 3240 CARDINAL DR
 VERO BEACH, FL 32963**

40051000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
95-2951234

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHLITT PROPERTY MANAGEMENT
 3240 CARDINAL DR
 VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	HORNBY, JOSEPH	
STREET ADDRESS	6040 INDRIO RD T 4	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUESS, DONALD	
STREET ADDRESS	6004 INDRIO RD A5	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARR, MONA	
STREET ADDRESS	6010 INDRIO RD D1	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEINERT, JOHN	
STREET ADDRESS	6004 INDRIO RD #A6	
CITY-ST-ZIP	FORT PIERCE, FL 34951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MANN	
STREET ADDRESS	6010 INDRIO RD. D-8	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE ARCHIBALD	
STREET ADDRESS	6032 INDRIO RD. P-2	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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* **JOSEPH M. HORNBY** *2/26/07*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #