

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90035 028 \*\*\*\*61.25

**DOCUMENT # 752068**  
 1. Entity Name  
**INDIAN PINES VILLAGE CONDOMINIUM ASSOCIATION, INC.**



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**400 Schlitt Prop. Mgmt** **400 Schlitt Prop. Mgmt.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4007 N. AIA** **4007 N. AIA**

1st MOORE CR2EQ37 (10/07)

City & State City & State  
**Fort Pierce, F** **Fort Pierce, FL**  
 Zip Country Zip Country  
**34949 USA** **34949 USA**

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 **Schlitt Property Management**  
 Street Address (P.O. Box Number is Not Acceptable) **4007 North AIA**  
**Fort Pierce,**  
 City **FL** Zip Code **34949**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	<b>HORNBY, JOSEPH</b>	
STREET ADDRESS	<b>6040 INDRIO RD T 4</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>BARR, MONA</b>	
STREET ADDRESS	<b>6010 INDRIO RD D1</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MEINERT, JOHN</b>	
STREET ADDRESS	<b>6004 INDRIO RD #A6</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>MANN, BARBARA</b>	
STREET ADDRESS	<b>6010 INDRID RD D-8</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>ARCHIBALD, JACKIE</b>	
STREET ADDRESS	<b>6032 INDRID RD P-2</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Meinert, John</b>	
STREET ADDRESS	<b>6004 Indrio Rd #A-6</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34951</b>	
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Archibald, Jackie</b>	
STREET ADDRESS	<b>6032 Indrio Rd # P-2</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34951</b>	
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 Section 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** 2/20/08 772-461-4868