


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90137 035 \*\*\*\*61.25

**DOCUMENT # 752068**

1. Entity 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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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  
**JANE L. CORNETT, ESQ  
401 E. OSCEOLA STREET  
STUART FL 34995**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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          | <b>SD</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>ARCHIBALD, JAQUELINE</b> |  |
| STREET ADDRESS | <b>6032 INDRIO RD #P2</b>   |  |
| CITY-ST-ZIP    | <b>FORT PIERCE FL 34951</b> |  |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BUTKOWSKY, MARY</b>      |  |
| STREET ADDRESS | <b>6010 INDRIO RD, D-5</b>  |  |
| CITY-ST-ZIP    | <b>FT PIERCE FL 34951</b>   |  |
| TITLE          | <b>TD</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>BERGANDI, CORA</b>       |  |
| STREET ADDRESS | <b>6004 INDRIO RD #A4</b>   |  |
| CITY-ST-ZIP    | <b>FORT PIERCE FL 34951</b> |  |
| TITLE          | <b>PD</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>KILMER, HARRY</b>        |  |
| STREET ADDRESS | <b>6024 INDRIO RD, L-5</b>  |  |
| CITY-ST-ZIP    | <b>FT PIERCE FL</b>         |  |
| TITLE          | <b>VPD</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>MORRIS, RAYMOND</b>      |  |
| STREET ADDRESS | <b>6024 INDRIO RD</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          | <b>TD</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>SD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>AUERBACH, HERMAN</b>     |  |
| STREET ADDRESS | <b>6000 Indrio Rd # I-8</b> |  |
| CITY-ST-ZIP    | <b>FT PIERCE, FL 34951</b>  |  |
| TITLE          | <b>VPD</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BERGAN</b>               |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LAMIREZ, Moises</b>      |  |
| STREET ADDRESS | <b>6028 Indrio Rd # M-2</b> |  |
| CITY-ST-ZIP    | <b>FT PIERCE, FL 34951</b>  |  |
| TITLE          | <b>PD</b>                   | <input checked="" 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 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: *Herman Auerbach* **2-21-2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)