FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757265** **(4)**

1. Corporation Name

INDIAN PINES PROPERTY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3125 SW MAPP ROAD. PALM CITY. FL. 34490 P.O. BOX 3385 STUART FL 34995-3385	3125 SW MAPP ROAD. PALM CITY. FL. 34490 P.O. BOX 3385 STUART FL 34995-3385

3. Date Incorporated or Qualified: **06/23/1981**

3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2168307** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MANAGEMENT
3125 SW MAPP ROAD
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	NOVICK, JOSEPH		1.2 NAME	REINHOLD, FRED	
STREET ADDRESS	3011 SE ASTER LANE, UNIT 807		1.3 STREET ADDRESS	3021 SE ASTER LANE # 701	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	STUART, FL.	
TITLE	VPD	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	REINHOLD, FRED		2.2 NAME	NOVICK, JOSEPH	
STREET ADDRESS	3021 SE ASTER LANE, UNIT 701		2.3 STREET ADDRESS	3011 SE ASTER LANE #807	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	STUART, FL.	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDS, BETTY		3.2 NAME		
STREET ADDRESS	3081 SE ASTER LANE, UNIT 104		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIORIO, RICH		4.2 NAME		
STREET ADDRESS	3105 SE ASTER LANE, UNIT 1801		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHUMANN, GENE		5.2 NAME		
STREET ADDRESS	3001 SE ASTER LANE, UNIT 904		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIMAGGIO, ANTHONY		6.2 NAME		
STREET ADDRESS	3121 SE ASTER LANE, UNIT 1604		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred Reinhold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #