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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757265

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/23/1981
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2168307
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROPERTY MGMT OF ARTIN COUNTY
7601 SW LOST RIVER ROAD
STUART FL 34997

81 Name **STEVE INGLIS - BRISTOL MGMT**
 82 Street Address (P.O. Box Number is Not Acceptable)
103 S. 451 # P5-135
 83
 84 City **JUPITER** FL 85 Zip Code **33477**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHOLD, FRED	1.2 NAME	P JANET PANARELLO
STREET ADDRESS	3021 SE ASTER LANE, #701	1.3 STREET ADDRESS	3021 SE ASTER LN #708
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, JOSEPH	2.2 NAME	VP WERNER MOTYL
STREET ADDRESS	3011 SE ASTER LANE #807	2.3 STREET ADDRESS	3181 SE ASTER LN UNIT #1005
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, BETTY	3.2 NAME	STD BETTY RICHARDS
STREET ADDRESS	3081 SE ASTER LANE, UNIT 104	3.3 STREET ADDRESS	3081 SE ASTER LN UNIT #104
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESTA, CARMELLO	4.2 NAME	DVP
STREET ADDRESS	3171 SE ASTER LANE 1107	4.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMANN, GENE	5.2 NAME	← SAME
STREET ADDRESS	3001 SE ASTER LANE, UNIT 904	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

14. 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 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, with all other like empowered.

SIGNATURE:

Betty Richards
SIGNATURE REQUIRED

2/19/99

(561) 288-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)