2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State **DOCUMENT # 757265** 1. Entity Name 04-30-2002 90043 007 ****61.25 INDIAN PINES PROPERTY ASSOCIATION, INC. Principal Place of Business Mailing Address 3125 SW MAPP ROAD, PALM CITY, FL. 34490 3125 SW MAPP ROAD, PALM CITY, FL. 34490 P.O. BOX 1155 P.O. BOX 1155 U U U A 4 7 STUART FL 34995-3385 STUART FL 34995-3385 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2168307 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -BRISTOL MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 725 NORTH A1A SUITE 110-C JUPITER FL 33477 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. . .OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PANARELLO, JANET NAME NAME õ STREET ADDRESS 3021 SE ASTER LANE #708 STREET ADDRESS CR2E037 CITY-ST-ZIP STUART FL CITY-ST-7IP TITLE VΡ ☐ Delete TITLE ☐ Change ☐ Addition KAME WERNER, MOTY G NAME STREET ADDRESS 3181 SE ASTER LN UNIT #1005 STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RICHARDS: BETTY: NAME STREET ADDRESS 3081 SE ASTER LANE, UNIT 104 STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP DVP TITLE Delete TITLE ☐ Change ☐ Addition TESTA, CARMELLO NAME NAME STREET ADDRESS 3171 SE ASTER LANE 1107 STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition SHUMANN, GENE NAME NAME STREET ADDRESS 3001 SE ASTER LANE, UNIT 904 STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-7/P ппе ☐ Delete TITLE Change Addition NAME DIMAGGIO, ANTHONY NAME STREET ADDRESS 3121 SE ASTER LANE, UNIT 1604 STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 the chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

Janes Parago Do 5-30-02 319-4474

FILED Jun 03, 2002 8:00 am Secretary of State