

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90013 019 ****61.25

DOCUMENT # 757265

1. Entity Name
INDIAN PINES PROPERTY ASSOCIATION, INC.



Principal Place of Business
3125 SW MAPP ROAD, PALM CITY, FL, 34490
P.O. BOX 1155
STUART, FL 34995-3385

Mailing Address
3125 SW MAPP ROAD, PALM CITY, FL, 34490
P.O. BOX 1155
STUART, FL 34995-3385

34038613



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2168307

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRISTOL MANAGEMENT SERVICES
469 S FEDERAL 401
STUART, FL 34994

7. Name and Address of New Registered Agent

Name **SIGNATURE PROPERTY MGMT, INC.**
Street Address (P.O. Box Number is Not Acceptable) **469 S. FEDERAL HWY. #401**
City **STUART** FL Zip Code **34994**

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

Marianne Samson, President

4-19-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 checked="" type="checkbox"/> Delete
NAME	PANARELLO, JANET	
STREET ADDRESS	3021 SE ASTER LANE #708	
CITY-ST-ZIP	STUART, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WERNER, MOTY G	
STREET ADDRESS	3181 SE ASTER LN UNIT #1005	
CITY-ST-ZIP	STUART, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RICHARDS, BETTY	
STREET ADDRESS	3081 SE ASTER LANE, UNIT 104	
CITY-ST-ZIP	STUART, FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TESTA, CARMELLO	
STREET ADDRESS	3171 SE ASTER LANE 1107	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHUMANN, GENE	
STREET ADDRESS	3001 SE ASTER LANE, UNIT 904	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIMAGGIO, ANTHONY	
STREET ADDRESS	3121 SE ASTER LANE, UNIT 1604	
CITY-ST-ZIP	STUART, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH NOYICK	
STREET ADDRESS	3011 SE ASTER LN. #807	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY BEEK	
STREET ADDRESS	3011 SE ASTER LN. #805	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JOANNE DIVANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3061 SE ASTER LN # 307	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	BRUCE COLEMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3051 SE ASTER LN #404	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE GARDELLA	
STREET ADDRESS	3101 SE ASTER LN. #1901	
CITY-ST-ZIP	STUART, FL 34994	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Richards

Date

Daytime Phone #

4-16-04