


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #757265		
1. Entity Name INDIAN PINES PROPERTY ASSOCIATION, INC.		

Principal Place of Business 969 SOUTH FEDERAL HIGHWAY SUITE #401 STUART, FL 34994	Mailing Address 969 SOUTH FEDERAL HIGHWAY SUITE #401 STUART, FL 34994
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2. Principal Place of Business 3011 Aster Lane	3. Mailing Address PO Box 1155
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Stuart, FL	City & State Stuart, FL
Zip 34994	Country Martin
Zip 34995	Country Martin

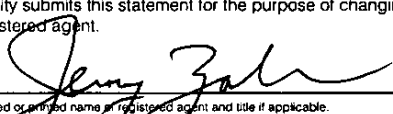


08082006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2168307	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIGNATURE PROPERTY MGMT., INC. 969 S FEDERAL HWY. #401 STUART, FL 34994		7. Name and Address of New Registered Agent Name Jenny Zalben Street Address (P.O. Box Number is Not Acceptable) 125 B Lakes End Dr City FT Pierce, FL Zip Code 34982	
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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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVICK, JOSEPH 3011 SE ASTER LANE, #807 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080005338 09/20/06--01057--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINLAN, WILLIAM 3011 SE ASTER LANE, #805 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARDS, BETTY 3081 SE ASTER LANE, UNIT 104 STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGEON, JANIS 3051 ASTER LANE #401 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMER, RONALD 302 SE ASTER LANE, #711 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDELLA, MARIE 3101 SE ASTER LANE, #1901 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: 	9/5/06	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

9/18/06