

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91405 018 ****61.25

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2168307**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

20040982



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRISTOL MANAGEMENT SERVICES
725 NORTH A1A SUITE 110-C
JUPITER FL 33477

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

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PANARELLO, JANET	
STREET ADDRESS	3021 SE ASTER LANE #708	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input 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 type="checkbox"/> Delete
NAME	TESTA, CARMELLO	
STREET ADDRESS	3171 SE ASTER LANE 1107	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMANN, GENE	
STREET ADDRESS	3001 SE ASTER LANE, UNIT 904	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMAGGIO, ANTHONY	
STREET ADDRESS	3121 SE ASTER LANE, UNIT 1604	
CITY-ST-ZIP	STUART FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required

CR2E037 (10/02)