

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:02

DOCUMENT # **N02080 (2)**
1. Corporation Name
INDIAN PINES CONDOMINIUM - 4, 5 & 6 ASSOCIATION, INC.

Principal Place of Business: **3125 S.W. MAPP ROAD, P.O. BOX 3385, PALM CITY FL 34995**
Mailing Address: **3125 S.W. MAPP ROAD, P.O. BOX 3385, PALM CITY FL 34995**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1984** 3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-2508532** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PRESTIGE PROPERTY MGMT.
3125 S.W. MAPP ROAD
P.O. BOX 3385
PALM CITY FL 33490**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	GUARRAIA, MICHAEL
STREET ADDRESS	3051 SE ASTER LANE, #401
CITY-ST-ZIP	STUART FL 34994
TITLE	PD
NAME	TARRY, ROSALIE
STREET ADDRESS	3041 SE ASTER LANE, #508
CITY-ST-ZIP	STUART FL 34994
TITLE	VD
NAME	GENCO, JOHN
STREET ADDRESS	3041 SE ASTER LANE
CITY-ST-ZIP	STUART FL 34994
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Michael A. Guarraia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95
DATE

Division (Track #)