

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02080 (2)**  
1. Corporation Name  
**INDIAN PINES CONDOMINIUM - 4, 5 & 6 ASSOCIATION, INC.**

Principal Place of Business <b>3125 S.W. MAPP ROAD P.O. BOX 3385 PALM CITY FL 34995</b>	Mailing Address <b>3125 S.W. MAPP ROAD P.O. BOX 3385 PALM CITY FL 34995-3385</b>
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3. Date Incorporated or Qualified <b>03/21/1984</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>59-2508532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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**

**61** Name  
**62** Street Address (P.O. Box Number is Not Acceptable)  
**63**  
**64** City  
**FL** **65** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE <b>STD</b>	NAME <b>GUARRAJA, MICHAEL</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3051 SE ASTER LANE, #401</b>	CITY-ST-ZIP <b>STUART FL 34994</b>	
TITLE <b>PD</b>	NAME <b>TARRY, ROSALIE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3041 SE ASTER LANE, #508</b>	CITY-ST-ZIP <b>STUART FL 34994</b>	
TITLE <b>VD</b>	NAME <b>GENCO, JOHN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3041 SE ASTER LANE</b>	CITY-ST-ZIP <b>STUART FL 34994</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 its 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 in an attachment with an address.

SIGNATURE: *Rosalie Tarry* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)