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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business: **7601 S.W. LOST RIVER ROAD, STUART FL 34997**
 Mailing Address: **P.O. BOX 3385, STUART FL 34985**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/21/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2508532
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
USA	USA	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRESTIGE PROPERTY MGMT. BRISTOL 7601 S.W. LOST RIVER ROAD STUART FL 34997 <i>Rosalie Tarry</i>	81 Name BRISTOL MGMT - STEVE INGLIS 82 Street Address (P.O. Box Number is Not Acceptable) 103 S. US Hwy 1 #F5-135 83 JUPITER, FL 33455 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1698, 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: *Rosalie Tarry* (ROSALIE TARRY, PRESIDENT) DATE: *4/7/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	VPD ← SAME
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VPD ← SAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE: *Rosalie Tarry* (ROSALIE TARRY - VICE PRESIDENT) DATE: *4/7/99*

CR2E037 (11/98)