2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90005 039 ****70.00

DOCUMENT # N02080

1. Entity Name

INDIAN PINES CONDOMINIUM - 4, 5 & 6 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
759 S. FEDERAL HWY SUITE #212 STUART FL 34994	P O BOX 778 STUART FL 34995

2. Principal Place of Business - No P.O. Box #	3. Mailing Address P O BOX 2654
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State STUART FL
Zip / Country	Zip 34995 / Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2508532 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, DEBORAH. ESQ 759 S FEDERAL HIGHWAY #212 STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	VD SEKORA, DELLA E 3041 SE ASTER LANE #505 STUART FL 34994 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JANIS PIGEON 3051 SE ASTER LN #401 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISSETTE, ROBERT 810 NE 58TH STREET FT. LAUDERDALE FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAMPSON, SUSAN T 3051 SE ASTER LANE #407 STUART FL 34-9949 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Susan T. Sampson, Secretary/Treasurer IPC456 5/19/08 (772) 781-1752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone