

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 08, 2009
Secretary of State**

DOCUMENT# N02080

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

Current Principal Place of Business:

759 S. FEDERAL HWY
SUITE #212
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P O BOX 2654
STUART, FL 34995

New Mailing Address:

FEI Number: 59-2508532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSS, DEBORAH ESQ
759 S FEDERAL HIGHWAY
#212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PIGEON, JANIS
Address: 3051 SE ASTER LN #401
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: MORRISSETTE, ROBERT
Address: 810 NE 58TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: STD () Delete
Name: SAMPSON, SUSAN T
Address: 3051 SE ASTER LANE #407
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PIGEON, JANIS A
Address: 3051 SE ASTER LN #401
City-St-Zip: STUART, FL 34994

Title: PD (X) Change () Addition
Name: MORRISSETTE, ROBERT P
Address: 810 NE 58TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: STD (X) Change () Addition
Name: SAMPSON, SUSAN T
Address: 3051 SE ASTER LANE #407
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN T. SAMPSON

Electronic Signature of Signing Officer or Director

STD

05/08/2009

Date