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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	Mailing Address
7601 S.W. LOST RIVER ROAD STUART FL 34997	~~P.O. BOX 3385~~ ~~STUART FL 34995~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 PO Box 1155	03/21/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2508532 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Stuart, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 34995 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 Rosalie Tarry	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 617.1808, 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: X Rosalie Tarry (ROSALIE TARRY V. PRESIDENT) (NOTE: Registered Agent signature required when reinstating) DATE: 4/7/99
Name and type or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		☐ Change ☐ Addition
PD TARRY, ROSALIE 3041 S.E. ASTER LANE #508 STUART FL		1.1 TITLE: VPD 1.2 NAME 1.3 STREET ADDRESS: ← SAME 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
VPD GENCO, JOHN 3041 S.E. ASTER LANE #503 STUART FL		2.1 TITLE: PD 2.2 NAME 2.3 STREET ADDRESS: ← SAME 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
STD PIGEON, JANIS 3051 S.E. ASTER LANE #401 STUART FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: X SIGNATURE REQUIRED ROSALIE TARRY - VICE PRESIDENT 4/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR 27 1999