

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757265

Entity Name: INDIAN PINES PROPERTY ASSOCIATION, INC.**Current Principal Place of Business:**C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400
STUART, FL 34994 US**FEI Number:** 59-2168307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE, BONAN & ENSOR, PA
789 SOUTH FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 US*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:** DEBORAH ROSS

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ARCHAMBAULT, CONSTANCE
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title PRESIDENT
Name SAXTON, FRANK
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HANSON, PAUL
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HETHERINGTON, SUZIE
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title DIRECTOR
Name GRAFFEO, ANN
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title TREASURER
Name BRUSH, CASI
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title VP
Name GRIFFIN, DEE
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

I hereby 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 all other like empowered.

SIGNATURE: FRANK SAXTON

PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date