

**2020 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 SUITE 400  
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
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

06/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MANTILLA, LINDA  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name SAXTON, FRANK  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title TREASURER  
Name BRUSH, CASI  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title VP  
Name GRIFFIN, DEE  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GRAFFEO, ANN  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name DELLAPIETRA, MARSHA  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name STRUNK, DONNA  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BETSINGER, LAUREN  
Address C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

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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

06/29/2020

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Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HETHERINGTON, SUZIE  
Address C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
City-State-Zip: STUART FL 34994