

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02080

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

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC8590664666**

**Current Principal Place of Business:**

1111 SE FEDERAL HIGHWAY  
SUITE #100  
STUART, FL 34994

**Current Mailing Address:**

1111 SE FEDERAL HIGHWAY  
SUITE 100  
STUART, FL 34994

**FEI Number: 59-2508532**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH ESQ  
789 S FEDERAL HIGHWAY  
SUITE 100  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MORRISSETTE, ROBERT P  
Address 810 NE 58TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33334

Title STD  
Name GRAFFEO, ANN  
Address 3031 SE ASTER LANE #608  
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: ROBERT P. MORRISSETTE**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date