


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90153 039 \*\*\*\*61.25

<b>DOCUMENT # 731242</b>			
1. Entity Name <b>INDIAN SPRINGS CONDOMINIUMS, INC.</b>			
Principal Place of Business C/O STERLING MANAGEMENT 2880 SCHERER DR #840 SAINT PETERSBURG FL 33716 US		Mailing Address C/O STERLING MANAGEMENT 2880 SCHERER DR #840 SAINT PETERSBURG FL 33716 US	
2. Principal Place of Business <i>2870 Scherer Dr</i>		3. Mailing Address <i>2870 Scherer Dr</i>	
Suite, Apt. #, etc. <i>#100</i>		Suite, Apt. #, etc. <i>#100</i>	
City & State <i>St Pete, FL</i>		City & State <i>St Pete FL</i>	
Zip <i>33716</i>		Country <i>Pinellas</i>	
6. Name and Address of Current Registered Agent  <b>CIAFRONE, JOSEPH R PA 1968 BAYSHORE BLVD DUNEDIN FL 34698</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> TORELLI, LOUIS 14800 WALSINGHAM RD #217 LARGO FL 34644	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STD Schutte</i> SHUTTE, LANA 14800 WALSINGHAM RD #714 LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Schutte, Lanna</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> SULLIVAN, ROBERT 14800 WALSINGHAM RD #212 LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> HANBENRISER, STEVEN 14800 WALSINGHAM RD. #1212 LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> HOFF, ROBERT 14800 WALSINGHAMROAD, #1212 LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> OLSEN, DUDLEY 14800 WALSINGHAM ROAD #1201 LARGO FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Steven Hanbenriser* As President of Indian Springs *7/27/06* 8.3.887.4300