2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#731242

Entity Name: INDIAN SPRINGS CONDOMINIUMS, INC.

FILED Apr 24, 2003 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
2880 SCHE	ING MANAGEN RER DR #840 ERSBURG, FL		US						
Current Mailing Address:				New Mailing Address:					
C/O STERLING MANAGEMENT 2880 SCHERER DR #840 SAINT PETERSBURG, FL 33716 US									
FEI Number: 5	59-1677313	FEI Number	Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:									
CIANFRONE, JOSEPH R PA 1968 BAYSHORE BLVD DUNEDIN, FL 34698 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									
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VD () D TORELLI, LOUIS, 14800 WALSINGI LARGO, FL 3464	elete HAM RD #21	7		Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	STD () D DEWITT, ROD 14800 WALSING LARGO, FL 3377		2		Title: Name: Address: City-St-Zip:	SHUTLE, LAI	SINGHAM RD #714		
Title: Name: Address: City-St-Zip:	PD () D MARTIN, THOMAS 14800 WALSING LARGO, FL		7		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () D BARCLAY, BOYD 14800 WALSINGI LARGO, FL 3377	HAMROAD, #	1 611		Title: Name: Address: City-St-Zip:	TUFTS, BON	SINGHAMROAD, #712		
Title: Name: Address: City-St-Zip:	D () D HUFF, ROBERT 14800 WALSINGI LARGO, FL 3377		±1212		Title: Name: Address: City-St-Zip:	HOFF, ROBE	SINGHAMROAD, #1212		
Title: Name: Address: City-St-Zip:	() D	elete			Title: Name: Address: City-St-Zip:	OLSEN, DUE	SINGHAM ROAD #1201		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS MARTIN PD 04/24/2003