

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 14, 2010  
Secretary of State**

DOCUMENT# 752068

**Entity Name:** INDIAN PINES VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6000 INDRIIO RD  
FORT PIERCE, FL 34951**New Principal Place of Business:****Current Mailing Address:**6000 INDRIIO RD  
FORT PIERCE, FL 34951**New Mailing Address:****FEI Number:** 95-2951234**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCKINNON, CHARLES W  
3055 CARDINAL DR.  
STE 302  
VERO BEACH, FL 32963 US**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: HORNBY, JOSEPH  
Address: 6040 INDRIIO RD T 4  
City-St-Zip: FORT PIERCE, FL 34951

Title: S  
Name: BARR, MONA  
Address: 6010 INDRIIO RD D1  
City-St-Zip: FORT PIERCE, FL 34951

Title: T  
Name: MEINERT, JOHN  
Address: 6004 INDRIIO RD #A-6  
City-St-Zip: FORT PIERCE, FL 34951

Title: D  
Name: MOOREHEAD, HEATHER  
Address: 1803 LINWOOD AVE  
City-St-Zip: FORT PIERCE, FL 34951

Title: VP  
Name: BUTKOWSKY, ALEX  
Address: 6010 INDRIIO RD #D-5  
City-St-Zip: FORT PIERCE, FL 34951

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: KATHERINE CIMPI

LCAM

07/14/2010

Electronic Signature of Signing Officer or Director

Date