

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757264

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: INDIAN PINES CONDOMINIUM ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

3081 SE ASTER LN  
#104  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

3081 SE ASTER LN  
#104  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 59-2196686      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIGNATURE PROPERTY, MGMT, INC.  
969 S FEDERAL HWY #401  
STUART, FL 34994 US

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

JOANNE CADREAU, PA  
2229 S. KANNER HIGHWAY  
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: JOANNE CADREAU

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURKE, ROBERT  
Address: 3081 SE ASTER LANE #103  
City-St-Zip: STUART, FL 34996

Title: STD ( ) Delete  
Name: RICHARDS, BETTE  
Address: 3081 SE ASTER LANE #104  
City-St-Zip: STUART, FL

Title: VPD ( ) Delete  
Name: BENNETT, NANCY  
Address: 3081 SE ASTER LANE  
City-St-Zip: STUART, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: RICHARDS, BETTE  
Address: 3081 SE ASTER LANE #104  
City-St-Zip: STUART, FL 34994

Title: VPD (X) Change ( ) Addition  
Name: BENNETT, NANCY  
Address: 3081 SE ASTER LANE  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BETTE RICHARDS

S,D

01/06/2009

Electronic Signature of Signing Officer or Director

Date