

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 757265 (4)
1. Corporation Name
INDIAN PINES PROPERTY ASSOCIATION, INC.

95 MAR -9 AM 9:01

Principal Place of Business Mailing Address
3125 SW MAPP ROAD, PALM CITY, FL. 34490 **3125 SW MAPP ROAD, PALM CITY, FL. 34490**
P.O. BOX 3385 **P.O. BOX 3385**
STUART FL 34995-3385 **STUART FL 34995-3385**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/23/1981** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2168307** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip 25. Country 29. Zip 30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PRESTIGE PROPERTY MANAGEMENT
3125 SW MAPP ROAD
PALM CITY FL 34990

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIORIO, RICH | 1.2 NAME | Novick, Joseph |
| STREET ADDRESS | 3105 SE ASTER LANE, UNIT 1801 | 1.3 STREET ADDRESS | 3011 SE Aster Lane, Unit 807 |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | Stuart, FL 34994 |
| TITLE | VD | 2.1 TITLE | VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REINHOLD, FRED | 2.2 NAME | Reinhold, Fred |
| STREET ADDRESS | 3021 SE ASTER LANE, UNIT 701 | 2.3 STREET ADDRESS | 3021 SE Aster Lane, Unit 701 |
| CITY-ST-ZIP | STUART FL | 2.4 CITY-ST-ZIP | Stuart, FL 34994 |
| TITLE | ST | 3.1 TITLE | STD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDS, BETTY | 3.2 NAME | Richards, Betty |
| STREET ADDRESS | 3081 SE ASTER LANE, UNIT 104 | 3.3 STREET ADDRESS | 3081 SE Aster Lane, Unit 104 |
| CITY-ST-ZIP | STUART FL | 3.4 CITY-ST-ZIP | Stuart, FL 34994 |
| TITLE | D | 4.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUMANN, GENE | 4.2 NAME | Diorio, Rich |
| STREET ADDRESS | 3001 SE ASTER LANE, UNIT 904 | 4.3 STREET ADDRESS | 3105 SE Aster Lane, Unit 1801 |
| CITY-ST-ZIP | STUART FL | 4.4 CITY-ST-ZIP | Stuart, FL 34994 |
| TITLE | D | 5.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIMAGGIO, ANTHONY | 5.2 NAME | D Shumann, Gene |
| STREET ADDRESS | 3121 SE ASTER LANE, UNIT 1604 | 5.3 STREET ADDRESS | 3001 SE Aster Lane, Unit 904 |
| CITY-ST-ZIP | STUART FL | 5.4 CITY-ST-ZIP | Stuart, FL 34994 |
| TITLE | D | 6.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TARRY, ROSALIE | 6.2 NAME | Dimaggio, Anthony |
| STREET ADDRESS | 3041 SE ASTER LANE, UNIT 508 | 6.3 STREET ADDRESS | 3121 SE Aster Lane, Unit 1604 |
| CITY-ST-ZIP | STUART FL | 6.4 CITY-ST-ZIP | Stuart, FL 34994 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Fred Reinhold 3/6/95 407-287-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)