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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757265 (4)

1. Corporation Name

INDIAN PINES PROPERTY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3125 SW MAPP ROAD, PALM CITY, FL. 34490
 P.O. BOX 3385
 STUART FL 34995-3385**

**3125 SW MAPP ROAD, PALM CITY, FL. 34490
 P.O. BOX 3385
 STUART FL 34995-3385**



3. Date Incorporated or Qualified
06/23/1981

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2168307

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESTIGE PROPERTY MANAGEMENT
 3125 SW MAPP ROAD
 PALM CITY FL 34990**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **REINHOLD, FRED**
 STREET ADDRESS **3021 SE ASTER LANE, #701**
 CITY-ST-ZIP **STUART FL**

1.1 TITLE **P** Change Addition
 1.2 NAME **REINHOLD, FRED**
 1.3 STREET ADDRESS **3021 SE ASTER LANE #701**
 1.4 CITY-ST-ZIP **STUART FL**

TITLE **VP** DELETE
 NAME **NOVICK, JOSEPH**
 STREET ADDRESS **3011 SE ASTER LANE #807**
 CITY-ST-ZIP **STUART FL**

2.1 TITLE **VP** Change Addition
 2.2 NAME **NOVICK, JOSEPH**
 2.3 STREET ADDRESS **3011 SE ASTER LANE #807**
 2.4 CITY-ST-ZIP **STUART FL**

TITLE **STD** DELETE
 NAME **RICHARDS, BETTY**
 STREET ADDRESS **3081 SE ASTER LANE, UNIT 104**
 CITY-ST-ZIP **STUART FL**

3.1 TITLE **STD** Change Addition
 3.2 NAME **RICHARDS, BETTY**
 3.3 STREET ADDRESS **3081 SE ASTER LANE #104**
 3.4 CITY-ST-ZIP **STUART FL**

TITLE **D** DELETE
 NAME **DIORIO, RICH**
 STREET ADDRESS **3105 SE ASTER LANE, UNIT 1801**
 CITY-ST-ZIP **STUART FL**

4.1 TITLE **DVP** Change Addition
 4.2 NAME **TESTA, CARMELLO**
 4.3 STREET ADDRESS **3171 SE ASTER LANE #1107**
 4.4 CITY-ST-ZIP **STUART FL**

TITLE **D** DELETE
 NAME **SHUMANN, GENE**
 STREET ADDRESS **3001 SE ASTER LANE, UNIT 904**
 CITY-ST-ZIP **STUART FL**

5.1 TITLE **D** Change Addition
 5.2 NAME **SHUMANN, GENE**
 5.3 STREET ADDRESS **3001 SE ASTER LANE #904**
 5.4 CITY-ST-ZIP **STUART FL**

TITLE **D** DELETE
 NAME **DIMAGGIO, ANTHONY**
 STREET ADDRESS **3121 SE ASTER LANE, UNIT 1604**
 CITY-ST-ZIP **STUART FL**

6.1 TITLE **D** Change Addition
 6.2 NAME **DIMAGGIO, ANTHONY**
 6.3 STREET ADDRESS **3121 SE ASTER LANE #1604**
 6.4 CITY-ST-ZIP **STUART FL**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred Reinhold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone # 0020070

CR2E037 (9/96)