

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757265 (4)**  
1. Corporation Name  
**INDIAN PINES PROPERTY ASSOCIATION, INC.**



Principal Place of Business <b>3125 SW MAPP ROAD, PALM CITY, FL. 34490 P.O. BOX 3385 STUART FL 34995-3385</b>	Mailing Address <b>3125 SW MAPP ROAD, PALM CITY, FL. 34490 P.O. BOX 3385 STUART FL 34995-3385</b>
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3. Date Incorporated or Qualified  
**06/23/1981**

4. FEI Number <b>59-2168307</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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 <b>PRESTIGE PROPERTY MGMT. OF ARTIN COUNTY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7601 SW LOST RIVER ROAD</b>
83
84 City <b>STUART</b>
85 Zip Code <b>FL 34997</b>

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: Fred Reinhold  
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 <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REINHOLD, FRED</b>		1.2 NAME	
STREET ADDRESS <b>3021 SE ASTER LANE, #701</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOVICK, JOSEPH</b>		2.2 NAME	
STREET ADDRESS <b>3011 SE ASTER LANE #807</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARDS, BETTY</b>		3.2 NAME	
STREET ADDRESS <b>3081 SE ASTER LANE, UNIT 104</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TESTA, CARMELLO</b>		4.2 NAME	
STREET ADDRESS <b>3171 SE ASTER LANE 1107</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHUMANN, GENE</b>		5.2 NAME	
STREET ADDRESS <b>3001 SE ASTER LANE, UNIT 904</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIMAGGIO, ANTHONY</b>		6.2 NAME	
STREET ADDRESS <b>3121 SE ASTER LANE, UNIT 1604</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		6.4 CITY-ST-ZIP	

14. I 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 Daytime Phone #

CR2E037 (10/97)