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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90004 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757265**

1. Corporation Name  
**INDIAN PINES PROPERTY ASSOCIATION, INC.**

Principal Place of Business 3125 SW MAPP ROAD, PALM CITY, FL. 34490 P.O. BOX 3385 STUART FL 34995-3385	Mailing Address 3125 SW MAPP ROAD, PALM CITY, FL. 34490 P.O. BOX 3385 STUART FL 34995-3385
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 06/23/1981	4. FEI Number 59-2168307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent PRESTIGE PROPERTY MGMT OF ARTIN COUNTY 7601 SW LOST RIVER ROAD STUART FL 34997	10. Name and Address of New Registered Agent 81 Name <b>STEVE INGLIS - BRISTOL MGMT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>103 S. US 1 # P5-135</b> 83 84 City <b>JUPITER</b> FL 85 Zip Code <b>33477</b>
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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: Steve Inglis DATE: 4-7-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: REINHOLD, FRED	1.1 TITLE	A JANET PANARELLO <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3021 SE ASTER LANE, #701	CITY-ST-ZIP: STUART FL	1.2 NAME	3021 SE ASTER LN #708
TITLE: VP <input type="checkbox"/> DELETE	NAME: NOVICK, JOSEPH	1.3 STREET ADDRESS	STUART, FL
STREET ADDRESS: 3011 SE ASTER LANE #807	CITY-ST-ZIP: STUART FL	1.4 CITY-ST-ZIP	
TITLE: STD <input type="checkbox"/> DELETE	NAME: RICHARDS, BETTY	2.1 TITLE	VP WERNER MOTYL <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3081 SE ASTER LANE, UNIT 104	CITY-ST-ZIP: STUART FL	2.2 NAME	3181 SE ASTER LN UNIT #1005
TITLE: DVP <input type="checkbox"/> DELETE	NAME: TESTA, CARMELLO	2.3 STREET ADDRESS	STUART, FL
STREET ADDRESS: 3171 SE ASTER LANE 1107	CITY-ST-ZIP: STUART FL	2.4 CITY-ST-ZIP	
TITLE: D <input type="checkbox"/> DELETE	NAME: SHUMANN, GENE	3.1 TITLE	STD BETTY RICHARDS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3001 SE ASTER LANE, UNIT 904	CITY-ST-ZIP: STUART FL	3.2 NAME	3081 SE ASTER LN UNIT #104
TITLE: D <input type="checkbox"/> DELETE	NAME: DIMAGGIO, ANTHONY	3.3 STREET ADDRESS	STUART, FL
STREET ADDRESS: 3121 SE ASTER LANE, UNIT 1604	CITY-ST-ZIP: STUART FL	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <del>XXXXXXXXXX</del>	4.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	4.2 NAME	← SAME
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	4.3 STREET ADDRESS	
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	4.4 CITY-ST-ZIP	
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	5.2 NAME	← SAME
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	5.3 STREET ADDRESS	
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	5.4 CITY-ST-ZIP	
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	6.2 NAME	
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	6.3 STREET ADDRESS	
STREET ADDRESS: <del>XXXXXXXXXX</del>	CITY-ST-ZIP: <del>XXXXXXXXXX</del>	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, with all other like empowered.

SIGNATURE: Betty Richards **SIGNATURE REQUIRED** DATE: 2/19/99 DAYTIME PHONE #: (561) 288-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)