

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 004 ***61.25

C0097948

DO NOT WRITE IN THIS SPACE

DOCUMENT # 757265

1. Entity Name
 Indian Pines Property Owners Assoc. ✓

Principal Place of Business Mailing Address
 P.O. Box 1155 P.O. Box 1155
 Stuart, FL 34995 Stuart, FL 34995

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

4. FEI Number Applied For
 59-2168307 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *Bristol Management Services*

Street Address (P.O. Box Number is Not Acceptable)
 725 N. A1A, Suite C110

City *Jupiter* FL Zip Code *33477*

8. 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: *Steve Clark* DATE: *5/1/00*

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<i>Wm Janet Pignarello</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>3021 Aster Lane</i>	NAME	
STREET ADDRESS	<i>Stuart, FL 34997</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>V.P.</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Werner Moyal</i>	NAME	
STREET ADDRESS	<i>3181 Aster Lane</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Stuart, FL 34997</i>	CITY-ST-ZIP	
TITLE	<i>Secy Treas.</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bette Richards</i>	NAME	
STREET ADDRESS	<i>3021 Aster Lane</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Stuart, FL 34997</i>	CITY-ST-ZIP	
TITLE	<i>Treas.</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Frank Reinhold</i>	NAME	
STREET ADDRESS	<i>3021 Aster Lane</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Stuart, FL 34997</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bette Richards* DATE: *5/1/00* *561-288-7255*