FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

761825

(9)

INDIAN PINES CONDOMINIUM TWO ASSOCIATION, INC.

Principal Place	of Business	Mailing A	Mailing Address					
3071 SE ASTER LANE #205 STUART FL 34994		3071 SE ASTER LANE #205 STUART FL 34994-5719						
						3. Date Incorporated or Qualified 02/23/1982	3a. Date of Last R 04/17/19	leport 396
2. Principal Pl	ace of Business	2a. Mailin	2a. Mailing Address 26			4. FEI Number 59-2168349	Applied For Not Applicable	
Suite, Apt. (#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	0	City & 28	State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29		Country 30	,	This corporation has liability for Florida Statutes	intengible tax under s Yes \(\sum \) No	. 199.032,
	9. Name and Address of Curre	nt Registered /	Agent			10. Name and Address of New Ro	gistered Agent	
				81	Name			
BENOIT, ANNE 3071 S.E. ASTER LN.				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
STUART FL 33494				83				
				84	City		FL 85 Zip	Code
agent. I at	egistered agent, or both, in the Stat in familiar with, and accept the oblin Signature, typed or printed name of registered a	gations of, Section	on 617.0503, Fio	orida Statute	S.	rporation submits this statement for the ation's board of directors. I hereby acce uked when relinctating)	pt the appointment as	registered
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12
TITLE	DP		☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	RONNENBURGER, ROSALII	√ D		1.2 NAME				
STREET ADDRESS	3071 SE ASTER LN #203			1.3 STREE	ADDRESS			
CITY-ST-ZIP	STUART FL			1.4 CITY-	ST-20P			
TITLE	VPD		DELETE	2.1 TITLE			☐ Change	Addition
NAME	GEORGES, ELLEN			2.2 NAME				
STREET ADDRESS	3071 S.E. ASTER LN. #201			2.3 STREE	T ADDRESS			
CITY - S1 - ZIP	STUART FL			2. 4 CITY-	ST-ZIP			
THEE	TDS		☐ DELETE	31 TITLE			☐ Change	Addition
NAME	BENOIT, ANNE			32 NAME				
STREET ADDRESS	3071 SE ASTER LN #205			3.3 STAEE	r address			
CHY-SI-ZIP	STUART FL			3.4. CITY -	ST-ZIP			—7";·····
TITLE			☐ DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME	1			
STREET ADDRESS					F ADDRESS			
CITY-ST-ZIP			Dever	4.4 CITY-	ST-ZIP	<u></u>	T cha	A addition
THILF			☐ DEFELE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME	- [
STREET ADDRESS				5.3 STREE	T ADDRESS			

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

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.

6.1 TITLE

6.2 NAME

SIGNATURE:

CHTY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

HORSELD AT CHINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone # 0071905

Change

FILED

Mar 21 1997 8:00am

Secretary of State