

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90393 012 \*\*\*\*61.25

**DOCUMENT # 761825**

1. Entity Name

**INDIAN PINES CONDOMINIUM TWO ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 1155  
STUART FL 34995

Mailing Address

P.O. BOX 1155  
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2168349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ULTRA CLEAN PROPERTY MGMT**  
**1151 SW 30TH ST**  
**SUITE D**  
**PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name **SIGNATURE PROPERTY MGMT FNL**  
Street Address (P.O. Box Number is Not Acceptable)  
**969 S. FEDERAL HWY #401**  
City **STUART** FL Zip Code **34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPDD	<input type="checkbox"/> Delete
NAME	ROXNENBERG, ROSALIN	
STREET ADDRESS	3071 SE ASTER LANE#203	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TDSD	<input type="checkbox"/> Delete
NAME	BENOIT, ANNE	
STREET ADDRESS	3071 SE ASTER LN #205	
CITY-ST-ZIP	STUART FL	
TITLE	TDSD	<input type="checkbox"/> Delete
NAME	GEORGES, EILEN	
STREET ADDRESS	3071 SE ASTERLANE # 202	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JALET, KENNETH G	
STREET ADDRESS	3071 SE ASTER LANE 204	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)