

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2007
Secretary of State**

DOCUMENT# 761826

Entity Name: INDIAN PINES CONDOMINIUM THREE ASSOCIATION, INC.

Current Principal Place of Business:

3061 SE ASTER LANE
STUART, FL 349945718 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1937
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2168341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAN, ELIZABETH
ROSSEAKLEC BONAN P.A.
759 S FEDERAL HWY STE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SONIA, JAMES E III
Address: 3061 SE ASTER LANE #305
City-St-Zip: STUART, FL 34994

Title: VP (X) Delete
Name: NOCILLA, SANDRA
Address: 3061 SE ASTER LANE #306
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: JOHNSON, CORINNE
Address: 3061 SE ASTER LANE #303
City-St-Zip: STUART, FL 34994

Title: ST () Delete
Name: SARNO, DAVID
Address: 3061 SE ASTER LANE #308
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SYNAL, ROBERTA
Address: 3061 SE ASTER LANE #306
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SARNO

ST

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date