

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90030 020 \*\*\*\*61.25

<b>DOCUMENT # 762181</b>					
<b>1. Entity Name</b> INDIAN PINES CONDOMINIUM EIGHT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3011 SE ASTER LANE #807 STUART, FL 34994 US			<b>Mailing Address</b> 3011 SE ASTER LANE #805 STUART, FL 34994 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3011 SE ASTER LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #807			
City & State		City & State STUART FL			
Zip	Country	Zip 34994	Country MARTIN	<b>4. FEI Number</b> 59-2196686	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRECK, SARA 3011 SE ASTER LANE #807 STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name: NOVICK MARION Street Address (P.O. Box Number is Not Acceptable): 3011 SE ASTER LANE #807 City: STUART FL Zip Code: 34994		
<b>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.</b>					
SIGNATURE: <u>Marion Novick</u> <u>MARION NOVICK</u> <u>7/05/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD <b>NAME</b> GRECK, SARA <b>STREET ADDRESS</b> 3011 SE ASTER LN 805 <b>CITY - ST - ZIP</b> STUART, FL 34994	<input type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> NOVICK, MARION <b>STREET ADDRESS</b> 3011 SE ASTER LN 807 <b>CITY - ST - ZIP</b> STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> MARSH, CATHERINE <b>STREET ADDRESS</b> 3011 SE ASTER LN #802 <b>CITY - ST - ZIP</b> STUART, FL 34994	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> GRIFFIN, DIANE <b>STREET ADDRESS</b> 3011 SE ASTER LN 809 <b>CITY - ST - ZIP</b> STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> NOVICK, MARION <b>STREET ADDRESS</b> 3011 SE ASTER LANE #807 <b>CITY - ST - ZIP</b> STUART, FL 34994	<input type="checkbox"/> Delete		<b>TITLE</b> GRECK, SARA <b>NAME</b> 3011 SE ASTER LANE 805 <b>STREET ADDRESS</b> STUART FL 34994 <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Marion Novick</u> <u>MARION NOVICK</u> <u>7/05/06</u> <u>219-8932</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					