


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90036 046 \*\*\*\*61.25

<b>DOCUMENT # 762181</b> 1. Entity Name <b>INDIAN PINES CONDOMINIUM EIGHT ASSOCIATION, INC.</b>					
Principal Place of Business <b>3011 SE ASTER LANE</b> <b>#805</b> <b>STUART, FL 34994 US</b>			Mailing Address <b>3011 SE ASTER LANE</b> <b>#805</b> <b>STUART, FL 34994 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>#805</b>		Suite, Apt. #, etc. <b>#805</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2196686</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NOVICK, MARION</b> <b>3011 SE ASTER LANE</b> <b>#805</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name <b>SARA GRECK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3011 SE ASTER LN</b> <b>#805</b> City <b>STUART</b> <b>FL</b> Zip Code <b>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.					
SIGNATURE <i>Sara Greck</i>		SIGNATURE <b>SARA GRECK</b>		DATE <b>1/7/08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GRECK, SARA</b> <b>3011 SE ASTER LN 805</b> <b>STUART, FL 34994</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>NOVICK, MARION</b> <b>3011 SE ASTER LANE #807</b> <b>STUART, FL 34994</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRIFFIN, DIANE</b> <b>3011 SE ASTER LN SUITE 809</b> <b>STUART, FL 34994</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
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.					
SIGNATURE: <i>Sara Greck</i>		SIGNATURE <b>SARA GRECK</b>		DATE <b>1/7/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <b>772-219-7431</b>		[Empty]	