2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 762181 1. Entity Name INDIAN PINES CONDOMINIUM EIGHT ASSOCIATION, INC.							01-07-2008			
Principal Place of Business 3011 SE ASTER LANE #655 SCUS STUART, FL 34994 US		Mailing Address 3011 SE ASTER LANE #807 \$0.5 STUART, FL 34994 US							1 8 (5) 2 (8) 8 (6)	12 11 01 1011
2. Principal P	Place of Business - No P.O. Box #	3. Mailin	g Address							
Suite, Apt. 4, etc.		Suite, Apt. #, etc. # 805			-	01052008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	de	City	& State			4. FEI Number 59-21966	686			oplied For ot Applicable
Zip	Country	Zip		Count	ry	5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered	Agent		Name Ca	7. Name and A	ddress of New F	Registered A	gent	
NOVICK, MARION					JAKH GRECK					
3011 SE ASTER LANE #897 805					Street Address (P.O. Box Number is Not Acceptable)					
STUART, I	FL 34994	Ŧ			F805				 	
	. 1				City STil	ART		FL	Zin Cod	794
The above the obligat	named entity submits this statement for tions of registered agent.	or the purpo:	se of changing its	registered	office or registe	red agent, or both	in the State of Fl	orida. I am fa	amiliar with,	and accept
SIGNATURE LIGHT STREET STREET STREET 1/7/08 SIGNATURE Signature, lyoud or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
			(11012			o wnen reinstating)		DATE		
	Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Carr Trust Fund C	npaign Fina	ancing	\$5.00 May Be Added to Fees	I	lake check		
10.	Due by May 1, 2008 OFFICERS AND DI		9. Election Carr Trust Fund C	npaign Fina contribution	ancing	\$5.00 May Be	Flor	rida Depart	Ment of SI	i 10
10. THLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008		9. Election Carr	npaign Fina contribution 11. TITLE NAME	ancing	\$5.00 May Be Added to Fees	Flor	rida Depart	ment of Si	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DE STD GRECK, SARA 3011 SE ASTER LN 805		9. Election Carr Trust Fund C	npaign Fina contribution 11. IIITE NAME STREET / CITY-ST IITLE NAME	ADDRESS ADDRESS	\$5.00 May Be Added to Fees	Flor	rida Depart	Ment of SI	i 10
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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: _

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/08

1772-219-7431

Daytime Phone #