2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 762181

Entity Name: INDIAN PINES CONDOMINIUM EIGHT ASSOCIATION, INC.

Current Principal Place of Business:

3011 SE ASTER LANE
#805
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

3011 SE ASTER LANE
#805
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2196686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVICK, MARION
3011 SE ASTER LANE
#805
STUART, FL 34994 US

Name and Address of New Registered Agent:

GRECK, SARA
3011 SE ASTER LANE
#805
STUART, FL 34994 US

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: SARA GRECK 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: GRECK, SARA
Address: 3011 SE ASTER LN 805
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete
Name: NOVICK, MARION
Address: 3011 SE ASTER LANE #807
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete
Name: GRIFFIN, DIANE
Address: 3011 SE ASTER LN SUITE 809
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: PRES (X) Change ( ) Addition
Name: GRIFFIN, DIANE
Address: 3011 SE ASTER LN SUITE 809
City-St-Zip: STUART, FL 34994

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: SARA GRECK STD 01/06/2009
Electronic Signature of Signing Officer or Director Date