

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02080

FILED
Mar 18, 2006
Secretary of State

Entity Name: INDIAN PINES CONDOMINIUM - 4, 5 & 6 ASSOCIATION, INC.

Current Principal Place of Business:

969 S. FEDERAL HWY
#401
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P O BOX 1155
STUART, FL 34995

New Mailing Address:

FEI Number: 59-2508532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGNATURE PROPERTY MANAGEMENT
969 SOUTH FEDERAL HIGHWAY #401
STUART, FL 34994 US

Name and Address of New Registered Agent:

BERGONZI, JULIA
3041 SE ASTER LANE #507
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: JULIA BERGONZI

03/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MARINO, MARILYN
Address: 3041 SE ASTER LANE
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: PIGEON, JANIS
Address: 3051 S.E. ASTER LANE #40
City-St-Zip: STUART, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SEKORA, DELLA E
Address: 3041 SE ASTER LANE #505
City-St-Zip: STUART, FL 34994

Title: PD (X) Change () Addition
Name: BERGONZI, JULIA
Address: 3041 S.E. ASTER LANE #507
City-St-Zip: STUART, FL 34994

Title: VPD () Change (X) Addition
Name: MORRISSETTE, ROBERT
Address: 810 NE 58TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIA BERGONZI

PD

03/18/2006

Electronic Signature of Signing Officer or Director

Date