
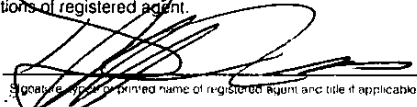
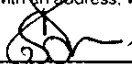


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90001 028 \*\*\*\*70.00

<b>DOCUMENT # N02080</b> 1. Entity Name INDIAN PINES CONDOMINIUM - 4, 5 & 6 ASSOCIATION, INC.					
Principal Place of Business 969 S. FEDERAL HWY #401 STUART, FL 34994			Mailing Address P O BOX 1155 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box # <b>759 SOUTH FEDERAL HIGHWAY</b>		3. Mailing Address <b>P O BOX 778</b>			
Suite, Apt. #, etc. <b>SUITE 212</b>		Suite, Apt. #, etc.			
City & State <b>STUART, FLORIDA</b>		City & State <b>STUART, FL</b>		4. FEI Number <b>59-2508532</b>	
Zip <b>34994</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERGONZI, JULIA</b> <b>3041 SE ASTER LANE #507</b> <b>STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name <b>DEBORAH ROSS, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>759 S. FEDERAL HIGHWAY</b> <b># 212</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  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>2/16/07</b> <small>(NOTE: Registered Agent signature required when resigning)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEKORA, DELLA E 3041 SE ASTER LANE #505 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGONZI, JULIA 3041 S.E. ASTER LANE #507 STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <b>SUSAN T. SAMPSON</b> <b>3051 SE ASTER LANE #407</b> <b>STUART FL 34994</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRISSETTE, ROBERT 810 NE 58TH STREET FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>SUSAN T. SAMPSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>FEBRUARY 22, 2007</b> <b>772-781-1752</b> <small>Date Daytime Phone #</small>		