

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10410

FILED
Feb 12, 2009
Secretary of State

Entity Name: INDIAN PINES CONDOMINIUM - 14, 15 & 16 ASSOCIATION, INC.

Current Principal Place of Business:

969 SOUTH FEDERAL HIGHWAY
SUITE 401
STUART, FL 34994

New Principal Place of Business:

3141 SE ASTER LN.
1402
STUART, FL 34994

Current Mailing Address:

969 SOUTH FEDERAL HIGHWAY
SUITE 401
STUART, FL 34994

New Mailing Address:

P.O. BOX 1759
STUART, FL 34995

FEI Number: 59-2606329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGNATURE PROPERTY MANAGEMENT, INC.
969 SOUTH FEDERAL HIGHWAY
SUITE 401
STUART, FL 34994 US

Name and Address of New Registered Agent:

CASI BRUSH
3141 SE ASTER LN.
1402
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: CASI BRUSH

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BRUSH, CASI
Address: 3141 SE ASTER LANE #1402
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: ENGLISH, SHIRLEY
Address: 3131 SE ASTERLN #1508
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: LACLUYSE, DOLORES
Address: 3121 SE ASTER LANE #1601
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: () Change () Addition
Name:
Address:
City-St-Zip:

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: CASI BRUSH

STD

02/12/2009

Electronic Signature of Signing Officer or Director

Date