

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10410

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3141 SE ASTER LN.  
1402  
STUART, FL 34994

**New Principal Place of Business:**

3141 SE ASTER LN.  
OFC  
STUART, FL 34994

**Current Mailing Address:**

P.O. BOX 1759  
STUART, FL 34995

**New Mailing Address:**

3141 SE ASTER LN.  
OFC  
STUART, FL 34994

FEI Number: 59-2606329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUSH, CASI SEC/TRE  
3141 SE ASTER LN.  
1402  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: BRUSH, CASI SEC/TRE  
Address: 3141 SE ASTER LANE #1402  
City-St-Zip: STUART, FL 34994

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

Title: PD  
Name: SADLER, JAMES PRES  
Address: 3141 SE ASTER LANE #1403  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: CASI BRUSH

STD

02/22/2011

Electronic Signature of Signing Officer or Director

Date