


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13903</b> 1. Entity Name INDIAN PINES CONDOMINIUM-10, 17, 18 & 19 ASSOCIATION, INC.	
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Principal Place of Business 969 S FEDERAL HWY #401 STUART, FL 34994	Mailing Address P.O. BOX 1155 STUART, FL 34995
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07062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2674601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SIGNATURE PROPERTY MANAGEMENT 969 S. FEDERAL HWY 401 STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTYL, WERNER 3181 S.E. ASTER LANE 1005 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARDELLA, MARIE 3101 SE ASTER LN #1901 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDELLA, MARIE 3101 SEASTER LANE STUART, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edmund Louisa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_