FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762645** **(0)**

1. Corporation Name

INDIGO POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
275 INDIGO DRIVE 309 DAYTONA BEACH FL 32114 US	275 INDIGO DRIVE 309 DAYTONA BEACH FL 32114 US

3. Date Incorporated or Qualified: 03/29/1982
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2176034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMONE, JO ANNA
275 INDIGO DRIVE
SUITE 309
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name: Merrill Jacobs
82 Street Address (P.O. Box Number is Not Acceptable): 144 Point O' Woods
83: D
84 City: DAYTONA Beach FL 85 Zip Code: 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Merrill Jacobs
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD URIBE, JOHN 275 INDIGO DRIVE, SUITE 309 DAYTONA BEACH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Dorothy Behringer 275 Indigo Dr #111 Daytona Beach FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WYLIE, KENNETH 106 PINEHURST CIRCLE DAYTONA BEACH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIMONE-MOORE, JO ANNA 275 INDIGO DRIVE, SUITE 309 DAYTONA BCH FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	STD Merrill Jacobs 144 Point O'Woods DAYTONA Beach FL 32114	☒ Change [redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWHIG, WILLIAM 275 INDIGO DRIVE, SUITE 311 DAYTONA, FL 00000	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D William A. McGinnis 275 Indigo # 207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROCKWELL 275 INDIGO DRIVE, SUITE 202 DAYTONA BCH. FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Walter Saldarini 275 Indigo # 211 DAYTONA Beach FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNINGS, VIRGINIA 275 INDIGO DRIVE, SUITE 108 DAYTONA BEACH FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merrill Jacobs MERRILL JACOBS 3/4/96 239-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #