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FILE NOW: FILING FEE ...

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

269366 - 90050 - 49

DOCUMENT # 762645

1. Corporation Name
INDIGO POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
117 SWEETWATER OAKS LN DAYTONA BEACH FL 32114 US	117 SWEETWATER OAKS LN DAYTONA BEACH FL 32114 US

2. Principal Place of Business 21 109 MEADOWBROOK CIR.	2a. Mailing Address 26 109 MEADOWBROOK CIR.	3. Date Incorporated or Qualified 03/29/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2176034 ☐ Applied For ☐ Not Applicable
City & State 23 DAYTONA BEACH, FL	City & State 28 DAYTONA BEACH FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32114 25 US	Zip / Country 29 32114 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMONE, JOANNA M 275 INDIGO DR UNIT 309 DAYTONA BCH FL 32114	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SIMONE, JOANNA M		1.2 NAME	SIMONE, JOANNA M.	
STREET ADDRESS	175 INDIGO DR #309		1.3 STREET ADDRESS	275 INDIGO DR. #309	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	VD	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	WYLIE, KENNETH		2.2 NAME	CHRIS FITZGERALD	
STREET ADDRESS	106 PINEHURST CIRCLE		2.3 STREET ADDRESS	275 INDIGO DRIVE #108	
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	STD	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	DECENSI, PETER		3.2 NAME	BERNADETTE M. D'LEARY	
STREET ADDRESS	175 INDIGO DR #312		3.3 STREET ADDRESS	109 MEADOWBROOK CIRCLE	
CITY-ST-ZIP	DAYTONA BCH FL 32114		3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MCGINNIS, WILLIAM A		4.2 NAME	CHARLES BEHRINGER	
STREET ADDRESS	275 INDIGO DR 207		4.3 STREET ADDRESS	275 INDIGO DRIVE #111	
CITY-ST-ZIP	DAYTONA, FL 00000		4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	☐ DELETE	5.1 TITLE	~~D~~	☐ Change ☒ Addition
NAME	JACOBS, MERRILL		5.2 NAME	~~WILLIAM COWLING~~	
STREET ADDRESS	144 POINT O'WOODS		5.3 STREET ADDRESS	~~275 INDIGO DRIVE #311~~	
CITY-ST-ZIP	DAYTONA BCH. FL 32114		5.4 CITY-ST-ZIP	~~DAYTONA BEACH, FL 32114~~	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	WILLIAM COWLING	
STREET ADDRESS			6.3 STREET ADDRESS	275 INDIGO DRIVE # 311	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/19/99 904-252-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOANNA M. SIMONE