

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762645

1. Entity Name

INDIGO POINT CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90099 005 ****61.25

Principal Place of Business

109 MEADOWBROOK CIR
DAYTONA BEACH FL 32114
US

Mailing Address

109 MEADOWBROOK CIR
DAYTONA BEACH FL 32114-1113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2176034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SIMONE, JOANNA M
275 INDIGO DR
UNIT 309
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent

Name BERNADETTE M. O'LEARY
Street Address (P.O. Box Number is Not Acceptable)
109 MEADOWBROOK CIRCLE
City DAYTONA BEACH FL Zip Code 32114

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.

SIGNATURE

Bernadette M. O'Leary - BERNADETTE M. O'LEARY - BOOKKEEPER 01/24/00
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	SIMONE, JOANNA M	
STREET ADDRESS	275 INDIGO DR #309	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	☒ Delete
NAME	FITZGERALD, CHRIS	
STREET ADDRESS	275 INDIGO DRIVE #108	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	☐ Delete
NAME	O'LEARY, BERISADETTE M	
STREET ADDRESS	109 MEADOWBROOK CIRCLE	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	D	☒ Delete
NAME	BEHRINGER, CHARLES	
STREET ADDRESS	275 INDIGO DRIVE #111	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	☒ Delete
NAME	JACOBS, MERRILL	
STREET ADDRESS	144 POINT O'WOODS	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE	D	☐ Delete
NAME	COWHIG, WILLIAM	
STREET ADDRESS	275 INDIGO DRIVE #311	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	PETER DECENSI	
STREET ADDRESS	275 INDIGO DRIVE #312	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	☐ Change ☒ Addition
NAME	BILL NEALIS	
STREET ADDRESS	275 INDIGO DRIVE #209	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	TSD	☒ Change ☐ Addition
NAME	O'LEARY, BERNADETTE M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	WALTER SALDARINI	
STREET ADDRESS	275 INDIGO DRIVE #211	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	No CHANGE ON Counting	
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bernadette M. O'Leary BERNADETTE M. O'LEARY 01/24/00 (904) 258-2862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)