

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0001023

DOCUMENT # 762645

1. Entity Name

INDIGO POINT CONDOMINIUM ASSOCIATION, INC.

04-09-2002 90075 043 ****61.25

Principal Place of Business

Mailing Address

275 INDIGO DRIVE
 DAYTONA BEACH FL 32114
 US

109 MEADOWBROOK CIR
 DAYTONA BEACH FL 32114
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2176034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'LEARY, BERNADETTE M
 109 MEADOWBROOK CIR
 DAYTONA BCH FL 32114

Name O'LEARY, BERNADETTE M.
 Street Address (P.O. Box Number is Not Acceptable)
 100 BENT TREE DRIVE, #137

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME DECENSI, PETER
 STREET ADDRESS 275 INDIGO DR #309
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☒ Change ☐ Addition
 NAME 275 INDIGO DR #312
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TSD ☐ Delete
 NAME O'LEARY, BERNADETTE M
 STREET ADDRESS 109 MEADOWBROOK CIRCLE
 CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE ☒ Change ☐ Addition
 NAME 100 BENT TREE DR. #137
 STREET ADDRESS DAYTONA BEACH, FL 32114
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SALTARINI, WALTER
 STREET ADDRESS 275 INDIGO DRIVE #111
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME COWHIG, WILLIAM
 STREET ADDRESS 275 INDIGO DRIVE #311
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME KOMLENIC, GEORGE
 STREET ADDRESS 275 INDIGO DRIVE #203
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Change ☒ Addition
 NAME SWEENEY, BILL
 STREET ADDRESS 275 INDIGO DRIVE #205
 CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 03/31/02 (386) 274-9083
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)