# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 24, 2004 8:00 am**
**Secretary of State**
02-24-2004 90006 009 ****61.25

DOCUMENT # 762645

1. Entity Name

INDIGO POINT CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 275 INDIGO DRIVE<br>DAYTONA BEACH FL 32114<br>US | P.O BOX 10202<br>DAYTONA BEACH FL 32114<br>US |

MOORE CR2E037 (11/03)

| 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**

O'LEARY, BERNADETTE M
~~100 BENT TREE DRIVE, #137~~
DAYTONA BEACH FL 32114

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

124 DOVECOTE LANE

City **FL** Zip Code

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 _____
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**
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DECENSI, PETER<br>275 INDIGO DR, #312<br>DAYTONA BEACH FL 32114 | ☐ Delete | VD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FITZGERALD, CHRIS<br>275 INDIGO DR, #108<br>DAYTONA BEACH FL 32114 | ☑ Delete | PD<br>COWHIG, WILLIAM #311<br>275 INDIGO DRIVE,<br>DAYTONA BEACH, FL 32114 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GAROLIMATOS, KOSTAS<br>275 INDIGO DR, #212<br>DAYTONA BEACH FL 32114 | ☑ Delete | ST<br>JOHNSON, BERNARD<br>275 INDIGO DRIVE, #310<br>DAYTONA BEACH, FL 32114 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>SIMONE, JOANNA<br>275 INDIGO DR, #309<br>DAYTONA BEACH FL 32114 | ☑ Delete | D<br>SALDARINI, WALTER #211<br>275 INDIGO DRIVE,<br>DAYTONA BEACH, FL 32114 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SWEENEY, BILL<br>275 INDIGO DRIVE, #205<br>DAYTONA BEACH FL 32114 | ☑ Delete | D<br>BEHRINGER, DOROTHY<br>275 INDIGO DRIVE #111<br>DAYTONA BEACH, FL 32114 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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 02-18-04 (386) 274-5083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #