

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 043 *****61.25

DOCUMENT # 762645

1. Entity Name

INDIGO POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

275 INDIGO DRIVE
DAYTONA BEACH FL 32114
US

P.O BOX 10202
DAYTONA BEACH FL 32114
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 10202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State
Daytona Beach Florida

4. FEI Number

59-2176034

Applied For

Not Applicable

Zip

Country

Zip

Country

32120

US

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
623 CRWON LN
PORT ORANGE FL 32127

Name

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

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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-STATE-ZIP	ST BAKER, SCOTT 275 INDIGO DRIVE DAYTONA BEACH FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Burchett, Harry P. 275 Indigo Drive Daytona Beach FL 32114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CANNON, WILLIAM E 275 INDIGO DRIVE DAYTONA BEACH FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T Cannon, William E. 275 Indigo Drive Daytona Beach FL 32114	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V DECENSI, PETER 275 INDIGO DRIVE DAYTONA BEACH FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Cothran, Frances C. 275 Indigo Drive Daytona Beach FL 32114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JOHNSON, BERNARD 275 INDIGO DR DAYTONA BEACH FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Simone, Jo Anna M. 275 Indigo Drive Daytona Beach FL 32114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SALDARINI, WALTER 275 INDIGO DR DAYTONA BEACH FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S Sweeney, William 275 Indigo Drive Daytona Beach FL 32114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

JoAnna M. Simone
JoAnna M. Simone

2/8/07

Date

386-252-0171

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR