

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762645

FILED  
Jan 28, 2012  
Secretary of State

**Entity Name:** INDIGO POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

275 INDIGO DRIVE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 BLACK DUCK CIRCLE  
DAYTONA BEACH, FL 32119 US

**New Mailing Address:**

**FEI Number:** 59-2176034      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEGAYNER, NANCY LCAM  
100 BLACK DUCK CIRCLE  
DAYTONA BEACH, FL 32119 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: JOHNSON, BERNARD  
Address: 275 INDIGO DRIVE, #310  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D  
Name: GEROLIMATOS, KOSTAS  
Address: 275 INDIGO DRIVE, #212  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P  
Name: URIBE, SUSAN M  
Address: 275 INDIGO DRIVE, #201  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP  
Name: SIMONE, JO ANNA M  
Address: 275 INDIGO DRIVE, #309  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D  
Name: DECENSI, PETER T  
Address: 275 INDIGO DRIVE, #312  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T  
Name: COTHRAN, FRANCES C  
Address: 275 INDIGO DRIVE, #102  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY DEGAYNER

LCAM

01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date