2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 07, 2003 8:00 am Secretary of State DOCUMENT # 762645 04-07-2003 90959 050 ****61.25 1. Entity Name INDIGO POINT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 275 INDIGO DRIVE P.O BOX 10202 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2176034 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'LEARY, BERNADETTE M Street Address (P.O. Box Number is Not Acceptable) 100 BENT TREE DRIVE, #137 DAYTONA BEACH FL 32114 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Ų 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. D Addition Change ☐ Delete TITLE TITLE LGERALD, H DECENSI, PETER NAME NAME STREET ADDRESS 275 INDIGO DR, #312 STREET ADDRESS DAYTONA BEACH, FL CITY-ST-ZIP CITY-ST-ZIP 32114 DAYTONA BEACH FL 32114 Addition Delete TITLE TITLE O'LEARY, BERNADETTE M NAME NAME STREET ADDRESS 100 BENT TREE DR., #137 STREET ADDRESS DAYTONA BEACH, FL CITY-ST-ZIP CITY-ST-2(P DAYTONA BEACH FL 32114 Delete TITLE TITLE SALDARINI, WALTER NAME NAME SIMONE. 275 INDIGO DRIVE, STREET ADDRESS STREET ADDRESS 275 INDIGO DRIVE #111 CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP DAYFUNA BEACH Delete TITLE TITLE ☐ Addition COWHIG. WILLIAM NAME NAME STREET ADDRESS 275 INDIGO DRIVE #311 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition SWEENEY THOMAS W. 205 NAME SWEENEY, BILL NAME STREET ADDRESS 275 INDIGO DRIVE, #205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 OAYTONA BEACH FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

386 254 28 66

FILED