


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90046 033 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # 766105</b>  |  |
| 1. Entity Name<br><b>INDIGO WOODS CONDOMINIUM ASSOCIATION, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>112 LA COSTA LN<br/>DAYTONA BEACH FL 32114<br/>US</b> | Mailing Address<br><b>1326 S RIDGEWOOD AVE #14<br/>DAYTONA BEACH FL 32114<br/>US</b> |
|---|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/05)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>59-2935618</b>                                   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>CLIFTON, RONALD, JR. D MANAGER<br/>1326 S RIDGEWOOD AVE #14<br/>DAYTONA BEACH FL 32114</b> |  | 7. Name and Address of New Registered Agent        |          |
|  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>FILE NOW - FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|---|---|------------------------------------|--|

|                            |                          |  |  |   |                         |  |  |
|----------------------------|--------------------------|--|--|---|-------------------------|--|--|
| 10. OFFICERS AND DIRECTORS |                          |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                         |  |  |
| TITLE                      | P                        | <input type="checkbox"/> Delete            |  | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | REYNOLDS, BARBARA        |  |  | NAME  |                         |  |  |
| STREET ADDRESS             | 112 LACOSTA LN #211      |  |  | STREET ADDRESS  |                         |  |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114   |  |  | CITY-ST-ZIP   |                         |  |  |
| TITLE                      | S                        | <input type="checkbox"/> Delete            |  | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | LANDRY, PASCALE          |  |  | NAME  |                         |  |  |
| STREET ADDRESS             | 108 LACOSTA #624         |  |  | STREET ADDRESS  |                         |  |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114   |  |  | CITY-ST-ZIP   |                         |  |  |
| TITLE                      | D                        | <input checked="" type="checkbox"/> Delete |  | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | SHADDIX, KATHLEEN        |  |  | NAME  |                         |  |  |
| STREET ADDRESS             | 108 LACOSTA #512         |  |  | STREET ADDRESS  |                         |  |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114   |  |  | CITY-ST-ZIP   |                         |  |  |
| TITLE                      | D                        | <input type="checkbox"/> Delete            |  | TITLE   | TREASURER               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | FAZZINI, DIXIE M         |  |  | NAME  | FAZZINI, DIXIE M        |  |  |
| STREET ADDRESS             | 112 LACOSTA LANE #212    |  |  | STREET ADDRESS  | 112 LACOSTA LANE #212   |  |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114   |  |  | CITY-ST-ZIP   | DAYTONA BEACH, FL 32114 |  |  |
| TITLE                      | M                        | <input type="checkbox"/> Delete            |  | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | CLIFTON, RONALD, JR. D   |  |  | NAME  |                         |  |  |
| STREET ADDRESS             | 2335-A S. RIDGEWOOD AVE. |  |  | STREET ADDRESS  |                         |  |  |
| CITY-ST-ZIP                | S. DAYTONA FL 32119      |  |  | CITY-ST-ZIP   |                         |  |  |
| TITLE                      |                          | <input type="checkbox"/> Delete            |  | TITLE   | V/PRESIDENT             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                          |  |  | NAME  | THOMPSON, FLORIDENE     |  |  |
| STREET ADDRESS             |                          |  |  | STREET ADDRESS  | 112 LACOSTA LANE #413   |  |  |
| CITY-ST-ZIP                |                          |  |  | CITY-ST-ZIP   | DAYTONA BEACH, FL 32114 |  |  |

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: *Ronald D. Clifton*

1.23.06