

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F50659

(4)

1. Corporation Name

INDIGO LAKES REALTY, INC.

Principal Place of Business

149-C SO RIDGEWOOD AVENUE
P.O. BOX 10809
DAYTONA BEACH FL 32120-0809
US

Mailing Address

149-C SO RIDGEWOOD AVENUE
P.O. BOX 10809
DAYTONA BEACH FL 32120-0809
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1981

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2174065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAGONI, PATRICIA
149-C S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	TEETERS, BRUCE W.
STREET ADDRESS	149 CS RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	V
NAME	MCMUNN, WILLIAM H.
STREET ADDRESS	149-C S. RIDGEWOOD AVE.
CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	V
NAME	APGAR, ROBERT F.
STREET ADDRESS	149-C S. RIDGEWOOD AVE.
CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	T
NAME	MOOTHART, GARY J.
STREET ADDRESS	149-C S. RIDGEWOOD AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D
NAME	ALLEN, BOB D.
STREET ADDRESS	608 JOHN ANDERSON DRIVE
CITY-ST-ZIP	ORMOND BCH FL
TITLE	VSD
NAME	LAGONI, PATRICIA
STREET ADDRESS	131 MUIRFIELD DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32114
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32114
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32114
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32114
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32114

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Patricia Lagoni

Patricia Lagoni

2/24/95

904-255-7558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR