

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F50659 (4)

1. Corporation Name
INDIGO LAKES REALTY, INC.



Principal Place of Business	Mailing Address
149-C SO RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH FL 32120-0809 US	149-C SO RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH FL 32120-0809 US

3. Date Incorporated or Qualified 10/22/1981	3a. Date of Last Report 03/01/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2174065	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAGONI, PATRICIA 149-C S RIDGEWOOD AVENUE DAYTONA BEACH FL 32114		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEETERS, BRUCE W.	1. 2 NAME	
STREET ADDRESS	149 CS RIDGEWOOD AVE	1. 3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	1. 4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMUNN, WILLIAM H.	2. 2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	2. 3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BCH. FL	2. 4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APGAR, ROBERT F.	3. 2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	3. 3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BCH. FL	3. 4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOTHART, GARY J.	4. 2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	4. 3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	4. 4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BOB D.	5. 2 NAME	
STREET ADDRESS	608 JOHN ANDERSON DRIVE	5. 3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BCH FL	5. 4 CITY- ST- ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGONI, PATRICIA	6. 2 NAME	
STREET ADDRESS	131 MUIRFIELD DRIVE	6. 3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	6. 4 CITY- ST- ZIP	

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 119.07(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, VP&Sec. 2/23/96 904-255-7558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)