2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N04000009281

Entity Name: INDIGO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13621 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

13621 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-1815715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, WALTER M
322 N. 61 AVE
PENSACOLA, FL 32506 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: PD ( ) Delete
Name: BRABHAM, MACK
Address: 200 MISSISSIPPI ST
City-St-Zip: MCCOMB, MS 39649

Title: VD ( ) Delete
Name: ZWEIG, DENNIS
Address: 7560 BRIDGEGATE COURT
City-St-Zip: ATLANTA, GA 30740

Title: TD ( ) Delete
Name: MENDOLA, JOSEPH
Address: 180 GREEN MEADOW LANE
City-St-Zip: FAYETTEVILLE, GA 30251

Title: SD ( ) Delete
Name: SANDERS, CHARLENE
Address: 13621 PERIDIO KEY DR UNIT 1702E
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: GOLDBERG, MARC
Address: 4355 D'EVEREUX DRIVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HUGHES, WAYNE
Address: 8 BOCAGE ROAD
City-St-Zip: HATTIESBURG, MS 39402

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER M. THOMAS RA 03/10/2009

Electronic Signature of Signing Officer or Director — Date