

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06083** (2)

1. Corporation Name

VILLAGE AT INDIGO LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**HOLIDAY INN
2620 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114
US**

Mailing Address

**FLAUITT INC.
SUITE 406, CRESCENT BLDG. 6075 POPLAR AVE
MEMPHIS TN 38119
US**



3. Date Incorporated or Qualified
11/08/1984

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2776995

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **40 DOUGLAS W. MARCOTTE**

22 City & State

27 **4000 SANDESTEN BLVD. S.**

23 Zip

Country

28 City & State

28 **DESTIN, FL.**

24

29 Zip

32541

Country

30 **us**

9. Name and Address of Current Registered Agent

**LAGONI, PATRICIA
149-C SOUTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

DOUGLAS W. MARCOTTE

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

4000 SANDESTEN BLVD. S.

83

84 City

DESTIN

FL

85 Zip Code

32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

DOUGLAS W. MARCOTTE

2/27/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FLAUITT, FRANK L JR**
STREET ADDRESS **6075 POPLAR AVENUE, SUITE 406**
CITY-ST-ZIP **MEMPHIS TN**

TITLE **SD** ☐ DELETE

NAME **ALIAS, FRED V**
STREET ADDRESS **COTTAGE 298, 36TH STREET**
CITY-ST-ZIP **SEA ISLAND GA**

TITLE **D** ☐ DELETE

NAME **KEATHLEY, ROY**
STREET ADDRESS **165 MADISON AVE., 21ST FLOOR**
CITY-ST-ZIP **MEMPHIS TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96

901-681-9121

Date

Daytime Phone #

CR2E037 (12/95)