

N109173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

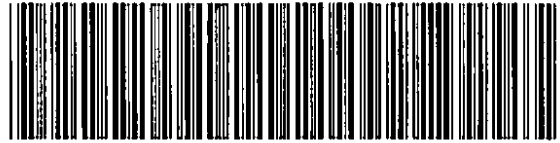
(Business Entity Name)

(Document Number)

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SEP 05 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: (14) Indigo Unit N P.O. Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: NO 9173

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teri Wimmer
Name of Contact Person

Wimmer Community Association Management
Firm/Company

P.O. Box 214923
Address

South Daytona, FL 32121
City/State and Zip Code

Twimmerawimmercam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri Wimmer at (386) 254-5770
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2018

TERI WIMMER
WIMMER COMMUNITY ASSOCIATION MANAGEMENT
P.O. BOX 214923
SOUTH DAYTONA, FL 32121

SUBJECT: INDIGO UNIT IV PUD HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N09173

We have received your document for INDIGO UNIT IV PUD HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00017193

RECEIVED
18 AUG 30 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Indigo Unit IV Pwd Homeowners Association, Inc.
2. The principal office address: 2271 Old Kings Rd
Port Orange, FL 32129
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/8/85 Document number: N09173

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chatley, Nancy
2842 Regent Crescent St
Daytona Beach, FL 32119

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Teri Wimmer
2271 Old Kings Rd
P.O. Box NOT acceptable
Port Orange, FL 32129

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

A. Richard Zimmerman
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/27/18
Date

If signing on behalf of an entity:

Teri Wimmer
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA