

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90097 046 ****61.25

DOCUMENT # N10207

1. Entity Name

INDIGO POND COMMUNITY ASSOCIATION, INC.



Principal Place of Business

4174 WOODLANDS PARKWAY
C/O FIRST CHOICE ASSOC. MGMT.
PALM HARBOR, FL 34685 US

Mailing Address

4174 WOODLANDS PARKWAY
C/O FIRST CHOICE ASSOC. MGMT.
PALM HARBOR, FL 34685 US



02012006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-2558425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JAMES JR
4174 WOODLANDS PARKWAY
C/O FIRST CHOICE ASSOC. MGMT.
PALM HARBOR, FL 34685

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILDRED, MIKE
STREET ADDRESS 3653 INDIGO POND DR
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE T
NAME PELCHAT, LIONEL
STREET ADDRESS 3540 INDIGO POND DR
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE D
NAME URBAN, TED
STREET ADDRESS 3613 INDIGO POND DR
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE S
NAME HUNTER, JUDY
STREET ADDRESS 3586 INDIGO POND DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE VP
NAME CUTNIGHT, CARL
STREET ADDRESS 3565 INDIGO POND DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #