

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10207

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** INDIGO POND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

800 TARPON WOODS BLVD., F-4  
C/O DAVID W. ORMISTON, CPA, PA  
PALM HARBOR, FL 34685 US

**Current Mailing Address:**

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

**New Mailing Address:**

800 TARPON WOODS BLVD., F-4  
C/O DAVID W. ORMISTON, CPA, PA  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-2558425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ORMISTON, DAVID W  
800 TARPON WOODS BLVD., F-4  
C/O DAVID W. ORMISTON, CPA, PA  
PALM HARBOR, FL 34685 US

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: DAVID W. ORMISTON

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAMACCHIA, RICK  
Address: 800 TARPON WOODS BLVD.  
City-St-Zip: PALM HARBOR, FL 34685

Title: DT  
Name: DIBASE, FRANK  
Address: 800 TARPON WOODS BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: D  
Name: CICONE, DEB  
Address: 3621 INDIGO POND DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: DS  
Name: GOULDER, KIP  
Address: 800 TARPON WOODS BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP  
Name: GARACH, MARK  
Address: 800 TARPON WOODS BLVD  
City-St-Zip: PALM HARBOR, FL 34685

I hereby 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 all other like empowered.

SIGNATURE: RICK LAMACCHIA

PD

01/19/2012

Electronic Signature of Signing Officer or Director

Date