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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N10208** **(9)**

1. Corporation Name

INDIGO POND CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD., F-1 PALM HARBOR FL 34685-1012 US	C/O JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD., F-1 PALM HARBOR FL 34685-2000 US

3. Date Incorporated or Qualified: 07/15/1985
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2558422 ☐ 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

9. Name and Address of Current Registered Agent

JIM NOBLES MANAGEMENT INC
800 TARPON WOODS BLVD
SUITE F-1
PALM HABOR FL 34685-1012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KOCH, HERBERT		1.2 NAME	SHERIDAN, HARRY	
STREET ADDRESS	3579 INDIGO POND DRIVE		1.3 STREET ADDRESS	3555 INDIGO POND DRIVE	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KOCH, HERBERT		2.2 NAME	SHIEL, THOMAS	
STREET ADDRESS	3579 INDIGO POND DRIVE		2.3 STREET ADDRESS	3541 INDIGO POND DRIVE	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCCLEAN, BARBARA		3.2 NAME	CHAHALIS, THOMAS	
STREET ADDRESS	3571 INDIGO POND DRIVE		3.3 STREET ADDRESS	3575 INDIGO POND DRIVE	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	JONES, DOLORES H		4.2 NAME	GRENZICKI, GEROME	
STREET ADDRESS	3565 INDIGO POND DRIVE		4.3 STREET ADDRESS	3545 INDIGO POND DRIVE	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHERIDAN, DOROTHY		5.2 NAME		
STREET ADDRESS	3555 INDIGO POND DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] HARRY R. SHERIDAN 2/6/97 789-922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068843