# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 22, 2000 8:00 am**
**Secretary of State**
03-22-2000 90047 003 ****61.25

DOCUMENT # N10208

1. Entity Name

INDIGO POND CONDOMINIUM I ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 251 WINDWARD PASSAGE | 251 WINDWARD PASS. |
| Suite, Apt. #, etc.: SUITE F | Suite, Apt. #, etc.: Suite F |
| City & State: CLEARWATER, FL. | City & State: CLEARWATER, FL. |
| Zip: 33767 Country: USA | Zip: 33767 Country: USA |

4. FEI Number 59-2558422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name: Jim Nobles Management Inc
Street Address (P.O. Box Number is Not Acceptable): 251 Windward Passage, Suite F
City: CLEARWATER FL Zip Code: 33767

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.

SIGNATURE: Sharon O. Snelgrove 3-5-00

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

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SHERIDAN, HARRY<br>3555 INDIGO POND DR<br>PALM HARBOR FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHIEL, THOMAS<br>3541 INDIGO POND DRIVE<br>PALM HARBOR FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GEIGER, MARCIA D.<br>3577 INDIGO POND DRIVE<br>PALM HARBOR FL 34685 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GERNZICKI, GEROME<br>3545 INDIGO POND DRIVE<br>PALM HARBOR FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CUTRIGHT, CARL<br>3565 INDIGO POND DRIVE<br>PALM HARBOR FL 34685 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

12. I 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 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:** Carl A. Cutright CARL A. CUTRIGHT 3/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #