

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90037 013 \*\*\*\*61.25

**DOCUMENT # N10208**

1. Entity Name  
**INDIGO POND CONDOMINIUM I ASSOCIATION, INC.**



Principal Place of Business  
**4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US**

Mailing Address  
**4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US**

**40004675**



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**FIRST CHOICE ASSOCIATION MANAGEMENT  
4174 WOODLANDS PKWY  
SUITE 100  
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*James Nolan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/11/05*

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete  
NAME **SHERIDAN, HARRY**  
STREET ADDRESS **3555 INDIGO POND DR**  
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **VPD** ☐ Delete  
NAME **SHIEL, THOMAS**  
STREET ADDRESS **3541 INDIGO POND DRIVE**  
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **SD** ☐ Delete  
NAME **GRENZICKI, JEROME**  
STREET ADDRESS **3545 INDIGO POND DRIVE**  
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **P** ☐ Delete  
NAME **CUTRIGHT, CARL**  
STREET ADDRESS **3565 INDIGO POND DRIVE**  
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
NAME **Adelle Ormsby**  
STREET ADDRESS **3561 Indigo Pond Drive**  
CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Dave Krepcho**  
STREET ADDRESS **3573 Indigo Pond Drive**  
CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Cutright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carl Cutright, Pres*

Date

Daytime Phone #

*1/11/05 785-8887*