2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10208

FILED Feb 14, 2008 Secretary of State

Entity Name: INDIGO POND CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US **Current Mailing Address: New Mailing Address:** 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US FEI Number: 59-2558422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition ORMSBY, ADELE Name: Name: 3561 INDIGO POND DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: Title: (X) Change () Addition () Delete SHIEL, THOMAS Name: SHIEL, THOMAS Name: Address: 3541 INDIGO POND DRIVE Address: 4174 WOODLANDS PARKWAY City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34685 Title: SD () Delete Title: (X) Change () Addition RADAU, WALTER RADAU, WALTER Name: Name: 3563 INDIGO POND DR 4174 WOODLANDS PARKWAY Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: (X) Change () Addition CUTRIGHT, CARL Name: Name: CUTRIGHT, CARL 3565 INDIGO POND DRIVE 4174 WOODLANDS PARKWAY Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: (X) Change () Addition KREPACHO, DAVE KREPACHO, DAVE Name: Name: 3573 INDIGO POND DRIVE 4174 WOODLANDS PARKWAY Address: Address: PALM HARBOR, FL 34685 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES NOLAN AGEN 02/14/2008