

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90171 010 ****61.25

DOCUMENT # N10208

1. Entity Name

INDIGO POND CONDOMINIUM I ASSOCIATION, INC.



**C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY
PALM HARBOR FL 34685
US**

Mailing Address
**C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY
PALM HARBOR FL 34685
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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
C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY
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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERIDAN, HARRY 3555 INDIGO POND DR PALM HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHIEL, THOMAS 3541 INDIGO POND DRIVE PALM HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEIGER, MARCIA D. 3577 INDIGO POND DRIVE PALM HARBOR FL 34685	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTRIGHT, CARL 3565 INDIGO POND DRIVE PALM HARBOR FL 34685	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Pres 2/28/02

CR2E037 (10/02)