

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14496

FILED
Apr 10, 2007
Secretary of State

Entity Name: INDIGO UNIT #7 OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

120 PARADISE VALLEY COURT
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

120 PARADISE VALLEY CT
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2660139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIAK, JAMES
104 PLEASANT VALLEY DR
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MANIAK, JAMES
Address: 104 PLEASANT VALLEY DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: CARAVATI, CHARLES
Address: 124 PLEASANT VALLEY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: SMITH, ROSEN W
Address: 132 PLEASANT VALLEY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: PETROCK, JOSEPH
Address: 112 PAUMA VALLEY CT
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: JERBI, ELSIE
Address: 136 PLEASANT VALLEY DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: JOHNSON, RUFUS
Address: 120 LAUREL VALLEY CT
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES L. CARAVATI

T

04/10/2007

Electronic Signature of Signing Officer or Director

Date