2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2005 8:00 am Secretary of State



DOCUMENT # N18785 1. Entity Name INDIGO ISLES MOBILE HOME PARK OWNER'S ASSOCIATION, INC.				- K- 184-7	01-18-2005 90038 036 ****61.25			
9181 GRIGGS RD 9181 GRIG STE 73 STE 73		Mailing Address 9181 GRIGGS RD STE 73	GRIGGS RD 3		400018	865 MANUM		
2. Principal Place of Business 3. Mailing Address						LILINI RI LEDI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-23606	83	i	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	S8.75 Add	ditional	
	6. Name and Address of Curren	nt Registered Agent	1	7. Name and Ad	dress of New R	·		
		<u> </u>	Name					
CARROLL, JOHN 9181 GRIGGS RD., #73 ENGLEWOOD, FL 34224			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	ie	
	named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registered office or	registered agent, or both, i	n the State of Fk		, and accept	
SIGNATURE .								
	Signature, typed or printed name of registered age	rst and title il applicable. (NC	OTE: Registered Agent signati	re required when reinstating)		DATE		
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2005	9. Election C	ampaign Financing	\$5.00 May Be Added to Fees	Flor	lake check payable t ida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2005	9. Election C Trust Fund	ampaign Financing I Contribution.	\$5.00 May Be Added to Fees	Flor	ake check payable tida Department of S	itate	
10.	Filling Fee is \$61.25	9. Election C Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Flor	lake check payable t ida Department of S	N 10	
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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: