2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N18785

1. Entity Name

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 023 ****61 25

INDIGO ISLES MOBILE HOME PARK OWNER'S ASSOCIATION, INC.						01 10 2000	. , , , , , ,	-	
Principal Place of Business 9181 GRIGGS RD STE 73 ENGLEWOOD, FL 34224 US		Mailing Address 9181 GRIGGS RD STE 73 ENGLEWOOD, FL 34224 US) 1851 HTT 551 HTT	I I I I I I I I I I I I I I I I I I I		11 212 14 2121 212	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01112008	Chg-NP	CR2E0	37 (12/06)	
City & State	9	City & State			4. FEI Number 59-23606	83		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Ad	dress of New I	Registered	Agent	
CAZEL, GI	EPAL D		Name						
9181 GRIG	GGS RD., #73 DOD, FL 34224		Street	Address (P.O. Box Number is	Not Acceptab	le)		
			City				FL	Zip Cod	le
	named entity submits this statement ions of registered agent.	for the purpose of changing its	egistered office	or register	red agent, or both, i	n the State of F		familiar with,	and accept
and obligate	iona or registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
SIGNATURE .	Stgnature, typed or printed name of registered agen	nt and title if applicable. (NOTE.	Registered Agent sign	ature required	d when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered ages	9. Election Carr Trust Fund C	paign Financing		\$5.00 May Be Added to Fees		Wake check	k payable to	
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Carr Trust Fund C	paign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flo	Wake check	tment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

941-697-0808