

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24871

1. Entity Name

INDIGO UNIT #6 OWNERS ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90002 036 ****61.25

Principal Place of Business

Mailing Address

217 PLEASANT VALLEY DR
DAYTONA BEACH FL 32114
US

217 PLEASANT VALLEY DR
DAYTONA BEACH FL 32114-7124
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2896478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EICKMEYER, THOMAS A
217 PLEASANT VALLEY DR
DAYTONA BCH FL 32114

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WOOD, JAMES
STREET ADDRESS 209 PLEASANT VALLEY DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE VD ☐ Change ☒ Addition
NAME LAGONI, PATRICIA
STREET ADDRESS 131 MUIRFIELD DR
CITY-ST-ZIP DAYTONA BEACH FL

TITLE SD ☒ Delete
NAME JERBI, ELSIE
STREET ADDRESS 107 MUIRFIELD DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME EICKMEYER, THOMAS A
STREET ADDRESS 217 PLEASANT VALLEY DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas A Eickmeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 257 4263

CR2E037 (9/99)