

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 91320 024 ****61.25

722228

DO NOT WRITE IN THIS SPACE

DOCUMENT # N24871	
1. Entity Name	
INDIGO UNIT #6 OWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
217 PLEASANT VALLEY DR DAYTONA BEACH FL 32114 US	217 PLEASANT VALLEY DR DAYTONA BEACH FL 32114 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2896478	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
EICKMEYER, THOMAS A 217 PLEASANT VALLEY DR DAYTONA BCH FL 32114

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.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WOOD, JAMES
STREET ADDRESS	209 PLEASANT VALLEY DR
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	VD
NAME	LAGONI, PATRICIA
STREET ADDRESS	131 MUIRFIELD DR
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	TD
NAME	EICKMEYER, THOMAS A
STREET ADDRESS	217 PLEASANT VALLEY DR
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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.

THOMAS A. EICKMEYER**SIGNATURE: Thomas A. Eickmeyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01

Date

386-257-4263

Daytime Phone #

CR2E037 (10/00)