

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90268 028 ****61.25

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2896478

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **PD** ☒ Change ☐ Addition
 NAME **TALIAFERRO, WILLIAM**
 STREET ADDRESS **205 PLEASANT VALLEY DR.**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **VD** ☐ Delete
 NAME **LAGONI, PATRICIA**
 STREET ADDRESS **131 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
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 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

4/12/02

Date

386-257-4263

Daytime Phone #

CR2E037 (9/01)