

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24871

FILED
Apr 14, 2008
Secretary of State

Entity Name: INDIGO UNIT #6 OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2896478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH
FL, FL 32119 US

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: MICHELE BARKIN

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TALIAFERRO, WILLIAM
Address: 205 PLEASANT VALLEY DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD () Delete
Name: LAGONI, PATRICIA
Address: 131 MUIRFIELD DR
City-St-Zip: DAYTONA BCH, FL

Title: TD (X) Delete
Name: EICKMEYER, THOMAS A
Address: 217 PLEASANT VALLEY DR
City-St-Zip: DAYTONA BCH, FL

Title: D () Delete
Name: CAMERON, BARBARA
Address: 213 PLEASANT VALLEY DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: GRIFFIN, JOHN
Address: 115 MUIRFIELD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: CAMERON, BARBARA
Address: 213 PLEASANT VALLEY DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TALIAFERRO

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date