

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26220 (6)**  
1. Corporation Name  
**INDIGO PINES CONDOMINIUMS MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**101 BENT TREE DRIVE DAYTONA BEACH FL 32114-1192** **101 BENT TREE DRIVE DAYTONA BEACH FL 32114-1192**

3. Date Incorporated or Qualified **05/02/1988** 3a. Date of Last Report **04/24/1995**  
4. FEI Number **59-2982404** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WEST, MELINDA R  
101 BENT TREE DRIVE  
DAYTONA BEACH FL 32114**  
10. Name and Address of New Registered Agent  
81 Name **MARJORIE E ROTH**  
82 Street Address (P.O. Box Number is Not Acceptable) **101 BENT TREE DR #67**  
83 **DAYTONA BEACH FL**  
84 City **FL** 85 Zip Code **32114**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MARJORIE E ROTH** **MARJORIE E ROTH** **6-28-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONS, CLAYTON</b>	1.2 NAME	
STREET ADDRESS	<b>101 BENT TREE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALUCHNIK, NORBERT</b>	2.2 NAME	
STREET ADDRESS	<b>101 BENT TREE DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINDER, JOSEPH</b>	3.2 NAME	<b>JOSEPHINE CHERUSKO</b>
STREET ADDRESS	<b>101 BENT TREE DRIVE</b>	3.3 STREET ADDRESS	<b>101 BENT TREE DR #85</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	3.4 CITY - ST - ZIP	<b>DAYTONA BEACH, FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, MARJORIE</b>	4.2 NAME	
STREET ADDRESS	<b>101 BENT TREE DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BCH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WITHEROW, ROGER</b>	5.2 NAME	<b>JOHN HAVASI</b>
STREET ADDRESS	<b>101 BENT TREE DR</b>	5.3 STREET ADDRESS	<b>101 BENT TREE DR #51</b>
CITY - ST - ZIP	<b>DAYTONA BCH FL</b>	5.4 CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARJORIE E ROTH** **MARJORIE E ROTH** **6-28-96** **274-5270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)