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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32114-1182**

**101 BENT TREE DRIVE
DAYTONA BEACH FL 32114-7185**

3. Date Incorporated or Qualified 05/02/1988	3a. Date of Last Report 07/03/1996
4. FEI Number 59-2982404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTH, MARJORIE
101 BENT TREE DR 67
DAYTONA BEACH FL 32114**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 S. Roth

4/26/97

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	CPD	1.1 TITLE	S
NAME	SIMONS, CLAYTON	1.2 NAME	MENASSA, BETTY
STREET ADDRESS	101 BENT TREE DR	1.3 STREET ADDRESS	101 BENT TREE DR
CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	VPD	2.1 TITLE	
NAME	MALUCHNIK, NORBERT	2.2 NAME	
STREET ADDRESS	101 BENT TREE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	T
NAME	CHERESKO, JOSEPHINE	3.2 NAME	
STREET ADDRESS	101 BENT TREE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	CPD
NAME	ROTH, MARJORIE	4.2 NAME	
STREET ADDRESS	101 BENT TREE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	HAVASI, JOHN	5.2 NAME	
STREET ADDRESS	101 BENT TREE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Josephine Cheresko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 (904)
274-4039
Date Daytime Phone #0002047

CR2E037 (9/96)