1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N26220**

1. Corporation Name

## INDIGO PINES CONDOMINIUMS MANAGEMENT ASSOCIATION

Principal Place of Business

101 BENT TREE DRIVE DAYTONA BEACH FL 32114-1192 Mailing Address

101 BENT TREE DRIVE DAYTONA BEACH FL 32114-1192

## **FILED** Mar 10, 1999 8:00 am \$ Secretary of State

03-10-1999 90250 025 \*\*\*\*61.25

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2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed
21	acc of Basinoss	26		05/02/1988
Suite, Apt.	# etc.	Suite Ant # etc		4. FEI Number Applied For
	ENT TREE DR #98	27 101 BENT TRE	~ DR #98	59-2982404 Not Applicable
City & State	e lo I NEE DA 10	City & State		\$8.75 Additional
23		28		5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing 55.00 May Be
24	25	29 30	]	Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	2000
DOTH MA	DIODIE			MARTOR (E SOGERT Address (P.O. Box Number is Not Acceptable)
ROTH, MARJORIE		311007	17 INLET POINT BLUD	
101 BENT TREE DR 67			83	
DAYTONA BEACH FL 32114  Name 4 address Change due to marriage 84  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-				ONCE INLET
,	Vame + address Chr	nge due to maring	Se City	FL 85 Zip Code ろンノスク
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutes, I	the above-named	comparation submits this statement for the nurpose of changing its registered
office or n	egistered agent or both in the State of	Florida Such change was author	orized by the corpo	pration's board of directors. I hereby accept the appointment as registered
agent. I a	n familiar with, and accept the obligation		Statutes.	7-6-99
SIGNATURE	Mayour Signature, typed of printed name of registered agent a	O SOUT	sistered Agent signature o	equired when reinstating)  DATE  DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	s	☐ DELETE	1.1 TITLE	Change Addition
NAME	MENASSA, BETTY	_	1.2 NAME	
STREET ADDRESS	101 BENT TREE DR	•	1.3 STREET ADDRESS	
	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	,
CITY-ST-ZIP	VPD	☐ DELETE	2.1 TITLE	UPO ☐ Change ☐ Addition
NAME	MALUCHNIK, NORBERT		2.2 NAME	MALUCHNIK
	101 BENT TREE DRIVE		2.3 STREET ADDRESS	IN DEAT TREE DR
STREET ADDRESS			2. 4 CITY-ST-ZIP	DAVE ON A BIEACH 7632/14
CITY-ST-ZIP	DAYTONA BEACH FL		3.1 TITLE	PATRICIA THE DR  101 BENT TREE DR  DAYTONA BEACK 76 32114
TITLE	CHEDECKO JOSEDHINE		3.2 NAME	<u></u>
NAME	CHERESKO, JOSEPHINE		3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS	10.02			
CITY-ST-ZIP	DAYTONA BEACH FL	DELETE	3.4, CITY-ST-ZIP 4.1 TITLE	PRESIDENT St.Change Addition
TITLE	CPD			1 (162)
NAME	ROTH, MARJORIE		4. 2 NAME	MARIURIE BOGGERT 47 INLET POINT BLUD
STREET ADDRESS	101 BENT TREE DRIVE		4.3 STREET ADDRESS	Prince Tales 31 23137
CITY-ST-ZIP	DAYTONA BCH FL	☐ DELETE	4.4 CITY-ST-ZIP	PONCE TNLET 7L 32/27  Change Addition
TITLE	D	□ DELETE	5.1 TITLE 5.2 NAME	DIRECTOR
NAME	EARLY, GEORGE		5.3 STREET ADDRESS	BETTY BRONSON IN BENT TREE DR.
STREET ADDRESS				10 100 N 1 100 VII.
CITY-ST-ZIP	ORMOND BCH FL 32174	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	DAYTUNA BEACH 7L 32/84
TITLE		DELETE	6.2 NAME	
NAME				
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

3-6-99 904-767-9948

Date Daytime Phone #