

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26220

1. Entity Name

INDIGO PINES CONDOMINIUMS MANAGEMENT ASSOCIATION

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90104 050 ****61.25

Principal Place of Business	Mailing Address
101 BENT TREE DRIVE #98 DAYTONA BEACH FL 32114-1192	101 BENT TREE DRIVE #98 DAYTONA BEACH FL 32114-7134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2982404	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
BOGERT, MARJORIE 47 INLET POINT BLVD PONCE INLET FL 32127	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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																								
<table border="1"> <tr> <td>TITLE</td> <td>S. MENASSA, BETTY</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>101 BENT TREE DR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DAYTONA BEACH FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	S. MENASSA, BETTY	<input type="checkbox"/> Delete	NAME	101 BENT TREE DR		STREET ADDRESS	DAYTONA BEACH FL		CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S. MENASSA, BETTY	<input type="checkbox"/> Delete																							
NAME	101 BENT TREE DR																								
STREET ADDRESS	DAYTONA BEACH FL																								
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VPD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MALUCHNIK, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 BENT TREE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL 32114</td> <td></td> </tr> </table>	TITLE	VPD	<input type="checkbox"/> Delete	NAME	MALUCHNIK, PATRICIA		STREET ADDRESS	101 BENT TREE DRIVE		CITY-ST-ZIP	DAYTONA BEACH FL 32114		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete																							
NAME	MALUCHNIK, PATRICIA																								
STREET ADDRESS	101 BENT TREE DRIVE																								
CITY-ST-ZIP	DAYTONA BEACH FL 32114																								
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHERESKO, JOSEPHINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 BENT TREE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL</td> <td></td> </tr> </table>	TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	CHERESKO, JOSEPHINE		STREET ADDRESS	101 BENT TREE DRIVE		CITY-ST-ZIP	DAYTONA BEACH FL		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CINDY MORRIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 BENT TREE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH, FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CINDY MORRIS		STREET ADDRESS	101 BENT TREE DR		CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete																							
NAME	CHERESKO, JOSEPHINE																								
STREET ADDRESS	101 BENT TREE DRIVE																								
CITY-ST-ZIP	DAYTONA BEACH FL																								
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	CINDY MORRIS																								
STREET ADDRESS	101 BENT TREE DR																								
CITY-ST-ZIP	DAYTONA BEACH, FL																								
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOGERT, MARJORIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>47 INLET POINT BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONCE INLET FL 32127</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	BOGERT, MARJORIE		STREET ADDRESS	47 INLET POINT BLVD.		CITY-ST-ZIP	PONCE INLET FL 32127		<table border="1"> <tr> <td>TITLE</td> <td>PT</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	BOGERT, MARJORIE																								
STREET ADDRESS	47 INLET POINT BLVD.																								
CITY-ST-ZIP	PONCE INLET FL 32127																								
TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRONSON, BETTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 BENT TREE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL 32114</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BRONSON, BETTY		STREET ADDRESS	101 BENT TREE DR		CITY-ST-ZIP	DAYTONA BEACH FL 32114		<table border="1"> <tr> <td>TITLE</td> <td>VPD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BRONSON, BETTY																								
STREET ADDRESS	101 BENT TREE DR																								
CITY-ST-ZIP	DAYTONA BEACH FL 32114																								
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
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: Marjorie Bogert 3-4-2000 904-767-9948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)