

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90028 002 \*\*\*\*61.25

**DOCUMENT # N26220**

1. Entity Name

INDIGO PINES CONDOMINIUMS MANAGEMENT  
ASSOCIATION, INC.



Principal Place of Business

101 BENT TREE DRIVE  
#98  
DAYTONA BEACH FL 32114-1192

Mailing Address

101 BENT TREE DRIVE  
#98  
DAYTONA BEACH FL 32114-1192

34011430



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2982404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENASSA, BETTY  
101 BENT TREE DRIVE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME MENASSA, BETTY  
STREET ADDRESS 101 BENT TREE DR  
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

TITLE D  
NAME MALUCHNIK, PATRICIA  
STREET ADDRESS 101 BENT TREE DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE S  
NAME MORRIS, CINDY  
STREET ADDRESS 101 BENT TREE DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL ☒ Delete

TITLE VD  
NAME BRONSON, BETTY  
STREET ADDRESS 101 BENT TREE DR  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE D  
NAME ROBINSON, ELIZABETH  
STREET ADDRESS 101 BENT TREE DR.  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME *Jude Konczos*  
STREET ADDRESS *101 Bent Tree Dr*  
CITY-ST-ZIP *Daytona Beach FL 32114* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME *Secretary*  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Betty Menassa* BETTY MENASSA 2/18/04 386-274-4039  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #