


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 020 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2982404	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, ELIZABETH 101 BENT TREE DRIVE DAYTONA BEACH FL 32114				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Elizabeth Robinson</i> <i>Elizabeth Robinson</i> 2-16-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONCEPCION, O. Nicdao	NAME			
STREET ADDRESS	101 Bent Tree Dr. #	STREET ADDRESS			
CITY-ST-ZIP	Daytona Beach, Fl. 32114	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Judi Koczog	NAME			
STREET ADDRESS	101 Bent Tree Dr	STREET ADDRESS			
CITY-ST-ZIP	Daytona Beach, Fl 32114	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Kristine Franklin	NAME			
STREET ADDRESS	101 Bent Tree Drive	STREET ADDRESS			
CITY-ST-ZIP	Daytona Beach, Fl. 32114	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Jose Ramas	NAME			
STREET ADDRESS	101 Bent Tree Dr.	STREET ADDRESS			
CITY-ST-ZIP	Daytona Beach, Fl. 32114	CITY-ST-ZIP			
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, ELIZABETH	NAME			
STREET ADDRESS	101 BENT TREE DR.	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Elizabeth Robinson</i> <i>Elizabeth Robinson</i> 2-10-06 274-2575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					