


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

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 039 ****61.25

DOCUMENT # 1126220	
1. Entity Name Indigo Pines Condominiums Management Association, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 Bent Tree Dr Suite, Apt. #, etc. #98	3. Mailing Address 101 Bent Tree Dr Suite, Apt. #, etc. #98
City & State Daytona Beach	City & State Daytona Beach FL
Zip 32114	Country USA

40119511

CR2E037B (8/05)

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Viola Paluzzi	
	Street Address (P.O. Box Number is Not Acceptable) 101 Bent Tree Drive unit 15 Daytona Beach FLA 32114	
	City Daytona Beach	Zip Code 32114

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 Viola Paluzzi Viola Paluzzi President 5/28/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended AR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Viola Paluzzi 101 Bent Tree Dr # 15 Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jose Ramos 101 Bent Tree Dr #88 Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Rene Morris 101 Bent Tree Dr #27 Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Elizabeth Robinson 101 Bent Tree Dr #60 Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Batty Bronson 101 Bent Tree Dr #6 Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Viola Paluzzi Viola Paluzzi 5/28/2007 386-274-4039
Elizabeth Robinson Elizabeth Robinson 4-10-07 386-274-4039