

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90283 008 \*\*\*\*61.25

**10023043**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # N26220</b> 1. Entity Name <b>INDIGO PINES CONDOMINIUMS MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>101 BENT TREE DRIVE</b> <b>#98</b> <b>DAYTONA BEACH FL 32114-1192</b>			Mailing Address <b>101 BENT TREE DRIVE</b> <b>#98</b> <b>DAYTONA BEACH FL 32114-1192</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2982404</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MENASSA, BETTY</b> <b>101 BENT TREE DRIVE</b> <b>DAYTONA BEACH FL 32114</b>			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
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	<b>MENASSA, BETTY</b>		NAME		
STREET ADDRESS	<b>101 BENT TREE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MALUCHNIK, PATRICIA</b>		NAME		
STREET ADDRESS	<b>101 BENT TREE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL-32114</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORRIS, CINDY</b>		NAME		
STREET ADDRESS	<b>101 BENT TREE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRONSON, BETTY</b>		NAME		
STREET ADDRESS	<b>101 BENT TREE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MORRISON, BETSY</b>		NAME	<b>DIRECTOR ELIZABETH ROBINSON</b>	
STREET ADDRESS	<b>101 BENT TREE DRIVE</b>		STREET ADDRESS	<b>101 BENT TREE DR</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>		CITY-ST-ZIP	<b>DAYTONA BEACH, FL, 32114</b>	
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		

CR2E037 (10/02)

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:** SIC BETTY MENASSA **BETTY MENASSA** 2/14/03 274-5102 386-