

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90152 026 ****61.25

DOCUMENT # N46355

1. Entity Name
INDIGO COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
132 INDIGO COVE PL
MELBOURNE BCH, FL 32951 US

Mailing Address
P.O. BOX 510883
MELBOURNE BEACH, FL 32951-0176

50009051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3147413

Applied For
Not Applicable

Zip Country Zip Country 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

MACRI, PHILLIP J
132 INDIGO COVE PL
MELBOURNE, FL 32951

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME DP ROMAIN, JOHN ☐ Delete
STREET ADDRESS 112 INDIGO COVE PL
CITY - ST - ZIP MELBOURNE BEACH, FL 32951

TITLE NAME D TARANTO, VINCENT ☐ Delete
STREET ADDRESS 142 INDIGO COVE PL
CITY - ST - ZIP MELBOURNE BEACH, FL 32951

TITLE NAME DV PARSONS, JEFF ☐ Delete
STREET ADDRESS 101 INDIGO COVE PL
CITY - ST - ZIP MELBOURNE BEACH, FL 32951

TITLE NAME T MACRI, CAROLY ☐ Delete
STREET ADDRESS 132 INDIGO COVE PL
CITY - ST - ZIP MELBOURNE BEACH, FL 32951

TITLE NAME S ROMAIN, SUSAN ☒ Delete
STREET ADDRESS 112 INDIGO COVE PLACE
CITY - ST - ZIP MELBOURNE BEACH, FL 32951

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME DV, S ☒ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Carolyn A Macri CAROLYN A. MACRI

Date

Daytime Phone #

3/31/06

321.

723-3065