

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90005 008 \*\*\*\*61.25

<b>DOCUMENT # N46355</b>					
<b>1. Entity Name</b> INDIGO COVE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 132 INDIGO COVE PL MELBOURNE BCH, FL 32951    US			<b>Mailing Address</b> P.O. BOX 510883 MELBOURNE BEACH, FL 32951-0176		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3147413	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MACRI, PHILLIP J 132 INDIGO COVE PL MELBOURNE, FL 32951				- Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP ROMAINE, JOHN 112 INDIGO COVE PL MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVP INTILLE, Robt 131 INDIGO COVE PL MELBOURNE BEACH, FL 32951
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TARANTO, VINCENT 142 INDIGO COVE PL MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVS PARSONS, JEFF 101 INDIGO COVE PL MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T MACRI, CAROLY 132 INDIGO COVE PL MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Carolyn A Macri</u> (CAROLYN A MACRI) 3/19/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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03192007    Chg-NP    CR2E037 (12/06)

(321) 723-3065