

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N26220

**Entity Name:** INDIGO PINES CONDOMINIUMS MANAGEMENT ASSOCIATION,  
INC.

**Current Principal Place of Business:**

99 BENT TREE DR  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

99 BENT TREE DR  
DAYTONA BEACH, FL 32114

**FEI Number:** 59-2982404

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLINK, DEBRA  
101 BENT TREE DRIVE  
UNIT 67  
DAYTONA BEACH, FL 32114 US

*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.*

**SIGNATURE:** DEBRA KLINK

06/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORGAN, JAMES  
Address        1112 TEE ST  
City-State-Zip: DIXON IL 61021

Title            DIRECTOR  
Name            ROBINSON, ELIZABETH  
Address        101 BENT TREE DR.  
                  # 60  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            HILKER-BOYCE, MARLENE  
Address        101 BENT TREE DRIVE  
                  UNIT 88  
City-State-Zip: DAYTONA BEACH FL 32114

Title            SECRETARY, TREASURER, CAM  
Name            PALUZZI, VIOLA  
Address        101 BENT TREE DR.  
                  # 15  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR, ASSISTANT MANAGER  
Name            KLINK, DEBRA  
Address        101 BENT TREE DR.  
                  #67  
City-State-Zip: DAYTONA BEACH FL 32114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIOLA PALUZZI

**SECRETARY**

06/05/2019

Electronic Signature of Signing Officer/Director Detail

Date