

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26220

**Entity Name:** INDIGO PINES CONDOMINIUMS MANAGEMENT ASSOCIATION, INC.**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC4617499931****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:**PALUZZI, VIOLA  
101 BENT TREE DRIVE  
UNIT 15  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	DREYER, WILLIAM
Address	101 BENT TREE DR. # 84
City-State-Zip:	DAYTONA BEACH FL 32114

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

Title	DIRECTOR
Name	MORGAN, JAMES
Address	101 BENT TREE DR. # 78
City-State-Zip:	DAYTONA BEACH FL 32114

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

Title	VP
Name	HILKER-BOYCE, MARLENE
Address	101 BENT TREE DR. # 88
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****02/17/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date