

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007188

**Entity Name:** INDIGO SHORES AT WEST BAY CLUB CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**7354818225CC**

**Current Principal Place of Business:**

5061 INDIGO BAY BLVD., #202  
ESTERO, FL 33928

**Current Mailing Address:**

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number: 59-3613793**

**Certificate of Status Desired: No**

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

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109 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: BYRON ROSS**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           WOOD, LEONARD  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title           VICE PRESIDENT, TREASURER  
Name           BOWER, BILL  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title           SECRETARY  
Name           HINES, VIRGINIA  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title           DIRECTOR  
Name           FERRI, JEAN  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title           DIRECTOR  
Name           SLAMIN, FREDRICK  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

*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: LEONARD WOOD**

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date