

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90309 007 \*\*\*\*61.25

**DOCUMENT # 731666**

1. Entity Name  
**INDIAN SPRING MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
**5995 BANNOCK TERRACE  
BOYTON BCH, FL 33437**

Mailing Address  
**5995 BANNOCK TERRACE  
BOYTON BCH, FL 33437**

**50043844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1753758**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BARTLETT, JOE  
C/O CRYSTAL COMMUNITY MGMT.  
5995 BANNOCK TERRACE  
BOYNTON BEACH, FL 33437**

**7. Name and Address of New Registered Agent**

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, 2005**

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 **D** ☐ Delete  
NAME **LEVY, RALPH C**  
STREET ADDRESS **11230 GREEN LAKE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☒ Delete  
NAME **HOFFMAN, JUDITH**  
STREET ADDRESS **5632 AINSLEY COURT**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **VSD** ☒ Delete  
NAME **HOFFMAN, CHARLES**  
STREET ADDRESS **11691/1 BRIARWOOD CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **TD** ☐ Delete  
NAME **GELLES, ARNOLD**  
STREET ADDRESS **5519 FAIRWAY PARK DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **PD** ☐ Delete  
NAME **HERSH, COL EDWARD**  
STREET ADDRESS **5682 AINSLEY COURT**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **VD** ☐ Delete  
NAME **ROSEN, NATHAN**  
STREET ADDRESS **11750 RIPPLE ROAD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **SD** ☐ Change ☒ Addition  
NAME **GOLDSTEIN, PHIL**  
STREET ADDRESS **6142 GREENSPOINTE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **CO-TD** ☐ Change ☒ Addition  
NAME **MAHL, FRED**  
STREET ADDRESS **5603 FAIRWAY PARK DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Change ☒ Addition  
NAME **SCHWAB, AUGUSTE**  
STREET ADDRESS **6281 EVIAN PLACE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Change ☒ Addition  
NAME **BUCKIN, MARTIN**  
STREET ADDRESS **11629 PRIVADO WAY**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Change ☒ Addition  
NAME **STEINMAN, BUNNY**  
STREET ADDRESS **11231 WINGFOOT DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Change ☒ Addition  
NAME **WOLFSON, JOSEPH**  
STREET ADDRESS **11542 GREEN GOLF LANE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #