

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90050 031 ****61.25



DOCUMENT # 731666
 1. Entity Name
INDIAN SPRING MASTER ASSOCIATION, INC.

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

Mailing Address
 5995 BANNOCK TERRACE
 BOYTON BCH, FL 33437



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03042008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-1753758

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 O'CONNELL, EDWARD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	<input type="checkbox"/> Delete
NAME	WOLFSON, JOSEPH	
STREET ADDRESS	11542 GREEN GOLF LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, PHIL	
STREET ADDRESS	6142 GREENSPOINTE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAHL, FRED	
STREET ADDRESS	5603 FAIRWAY PARK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GELLES, ARNOLD	
STREET ADDRESS	5519 FAIRWAY PARK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERSH, COL EDWARD	
STREET ADDRESS	5682 AINSLEY COURT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, IRA	
STREET ADDRESS	5576 AINSLEY CT.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESSER, DAVID	
STREET ADDRESS	11280 GREEN LAKE DR. #203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITGANG, DONALD	
STREET ADDRESS	11235 ASPEN GLEN DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, JOAN	
STREET ADDRESS	5577 LAKEVIEW MEWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADNER, ROBERT	
STREET ADDRESS	5304 BROOKVIEW DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	ASST. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, CHARLES	
STREET ADDRESS	11779 CARACUS BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

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.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD HERSH, PRESIDENT

DAYTIME PHONE #

ATTACHMENT 40061144

~~# 731666~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ASST. S
NAME	BERNICE STEINMAN
STREET ADDRESS	11231 WINGFOOT DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437