
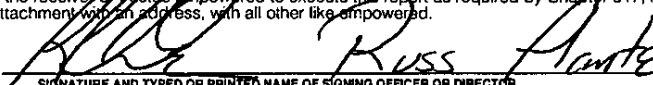


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 034 ****61.25

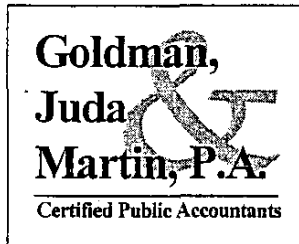
DOCUMENT # N96000003945					
1. Entity Name INDIGO LAKES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business GOLDMAN & JUDA, PA 8211 W BROWARD BLVD, PH I - 5 FLOOR PLANTATION, FL 33324 US			Mailing Address GOLDMAN & JUDA, PA 8211 W BROWARD BLVD, PH I - 5 FLOOR PLANTATION, FL 33324 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMEL, EDWARD S ESQ. SACHS SAX & KLEIN, P.A. 301 YAMATO ROAD - STE 4150 BOCA RATON, FL 33431			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLANTE, RUSS 4281 NW 1ST AVE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Plante Russ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5421 NW 49 COURT COCONUT CREEK FL 33073 (TSD)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVERMAN, DEBBIE 4281 NW 1ST AVE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Silverman Debbie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5336 NW 48 Street COCONUT CREEK FL 33073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABRAMSON, JONATHAN 4281 NW 1ST AVE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Abramson Jonathan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4809 NW 55 DR COCONUT CREEK FL 33073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, KATHY 4281 NW 1ST AVE BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vasseur William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5311 NW 51 Street COCONUT CREEK FL 33073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINRES, LARRY 4281 NW 1ST AVE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weinreb, Larry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5242 NW 51 Street COCONUT CREEK FL 33073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKOVSKY Keith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5426 NW 50 COURT COCONUT CREEK FL 33073		
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: 			Date: 1-18-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40004017



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0688194 Applied For Not Applicable



ATTACHMENT

40004017
N96000003945

Enclosed is your 2005 Annual Corporation Report that must be filed with the state. Please read the following directions carefully in order to expedite this form completely and timely.

6. Make sure the registered agent is correct.
7. Do not complete #7 unless you are **changing** the registered agent.
8. Do not sign #8 unless you **are** changing the registered agent.
10. Any changes to the officers and directors must be printed **clearly and completely** in section #11. (Title, Name, Street Address, City, State, and Zip Code.

Titles must be coded as follows:

President – PD
Vice President – VPD
Treasurer – TD
Secretary – SD
Director - D

12. An officer must **sign, print name, date and fill in phone number** at the bottom of the page, #12.

Your cooperation in this matter would be greatly appreciated, and if you have any questions, please do not hesitate to call.

Thanking you in advance.

- After you have completed the enclosed form and signed the check, please return to me so I may keep a copy for your file and mail to the Department of State on your behalf.

firm use/annual report client instructions.doc