


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15318**  
 1. Entity Name  
 INDIGO WATERS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 8 INDIGO TERRACE  
 LAKE WORTH, FL 33460 US

Mailing Address  
 8 INDIGO TERRACE  
 LAKE WORTH, FL 33460 US

**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 65-0075352

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ITEBEJAC, SAVA  
 8 INDIGO TERR.  
 LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**

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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPHENS, MIKE 2 INDIGO TERR. LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ITEBEJAC, SAVA #8 INDIGO TERRACE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, MARK 3 INDIGO TERRACE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000667852  
 03/27/07-80006-022 61.25

**DO NOT WRITE IN THIS SPACE**

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: Sava Itbejac SAVA Itbejac 3-17-07 561-586-0097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #