2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # N96000000977

1. Entity Name

INDIGO LAKES MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FAIRMAN & ASSOCIATES INC 4281 NW 1ST AVENUE BOCA RATON FL 33431 US	MATTLIN & MCCLOSKEY 4281 NW 1ST AVENUE BOCA RATON FL 33020 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

1st MOORE   CR2E037 (10/05)

4. FEI Number 65-0707332 | Applied For / Not Applicab'

5. Certificate of Status Desired ☐   **$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 RD - 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMSON, JONATHAN 4281 N.W. 1ST AVE. BOCA RATON FL 33341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000548785 05/12/06-80078-012 61.25	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SILVERMAN, DEBBIE 4281 N.W. 1ST AVE. BOCA RATON FL 33341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPLEBY, ED 4281 NW 1ST AVE BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the 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 if changed, or on an attachment with an address, with all other like empowered.