

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 022 ****61.25

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1. Entity Name
**INDIGO LAKES MASTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**FAIRMAN & ASSOCIATES INC
4281 NW 1ST AVENUE
BOCA RATON, FL 33431 US**

Mailing Address
**MATTLIN & MCCLOSKEY
4281 NW 1ST AVENUE
BOCA RATON, FL 33020 US**

40043722



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

FAIRMAN & ASSOCIATES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4281 NW 1ST AVE

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33431 Palm Beach

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number

65-0707332

Applied For

Not Applicable

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☐ Delete
NAME ABRAMSON, JONATHAN
STREET ADDRESS 4281 N.W. 1ST AVE.
CITY-ST-ZIP BOCA RATON, FL 33341

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SILVERMAN, DEBBIE
STREET ADDRESS 4281 N.W. 1ST AVE.
CITY-ST-ZIP BOCA RATON, FL 33341

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME APPLEBY, ED
STREET ADDRESS 4281 NW 1ST AVE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE TD ☐ Change ☒ Addition
NAME MARLONE SCHLAGER
STREET ADDRESS 4281 NW 1ST AVE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/21/07

Date

Daytime Phone #