


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90021 023 \*\*\*\*61.25

<b>DOCUMENT # N96000000977</b>		
1. Entity Name <b>INDIGO LAKES MASTER PROPERTY OWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>FAIRMAN &amp; ASSOCIATES INC 4281 NW 1ST AVENUE BOCA RATON, FL 33431 US</b>	Mailing Address <b>FAIRMAN &amp; ASSOCIATES INC 4281 NW 1ST AVENUE BOCA RATON, FL 33431 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1651 NW 1st Court</b>	3. Mailing Address <b>1651 NW 1st Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33432</b>	Zip <b>33432</b>
Country <b>USA</b>	Country <b>USA</b>



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0707332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HAMMEL, EDWARD S ESQ. % SACHS SAX &amp; KLEIN, P.A. 301 YAMATO RD - STE 4150 BOCA RATON, FL 33431</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, DEBBIE 4281 N.W. 1ST AVE. BOCA RATON, FL 33341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHRAGER, MARLENE 4281 NW 1ST AVE BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TODD Rym Palaski 4804 NORTH SR 7 COCONUT CREEK FL 33067</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

**SIGNATURE:**  **2/21/08** **954 612 7556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #