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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003945 (0)

1. Corporation Name

INDIGO LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9050 PINES BLVD
 SUITE 110
 PEMBROKE PINES FL 33024

9050 PINES BLVD
 SUITE 110
 PEMBROKE PINES FL 33024-6415

3. Date Incorporated or Qualified
07/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2901 SIMMS ST**

26 **2901 SIMMS ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
HOLLYWOOD, FL.

27 City & State
HOLLYWOOD, FL.

24 Zip
33020

25 Country
USA

29 Zip
33020

30 Country
USA

4. FEI Number
65-0688194

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUBITZ, ALAN H
1500 SAN REMO AVE
SUITE 220
CORAL GABLES FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DP**
 STREET ADDRESS **DWORKIN, JEFFREY L**
 CITY-ST-ZIP **9050 PINES BLVD SUITE 110**
PEMBROKE PINES FL 33024

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DV**
 STREET ADDRESS **CAMET, EDUARDO A**
 CITY-ST-ZIP **9050 PINES BLVD SUITE 110**
PEMBROKE PINES FL 33024

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DST**
 STREET ADDRESS **GIBBONEY, STEVEN C**
 CITY-ST-ZIP **9050 PINES BLVD SUITE 110**
PEMBROKE PINES FL 33024

3.1 TITLE Change Addition
 3.2 NAME **LOMONACO, JONN**
 3.3 STREET ADDRESS **9050 PINES BLVD, SUITE 110**
 3.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JEFFREY L DWORKIN 4/28/97 (954)438-7255
 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023732

CR2E037 (9/96)