

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90182 043 \*\*\*\*61.25

**DOCUMENT # N96000003945**

1. Entity Name

**INDIGO LAKES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**MATTLIN & MCCLOSKEY**  
**2300 GLADES RD STE 400 EAST TOWER**  
**BOCA RATON FL 33431**  
**US**

**MATTLIN & MCCLOSKEY**  
**2300 GLADES RD STE 400 EAST TOWER**  
**BOCA RATON FL 33431-7386**  
**US**

2. Principal Place of Business

**FAIRMAN & ASSOCIATES INC**  
 Suite, Apt. #, etc.

3. Mailing Address

**4281 N.W. 1ST AVENUE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL.**

City & State

4. FEI Number

**65-0688194**

Applied For

Not Applicable

Zip  
**33431**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMMEL, EDWARD S ESQ**  
**MATTLIN & MCCLOSKEY**  
**2300 GLADES RD STE 400 EAST TOWER**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **FAIRMAN & ASSOCIATES INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4281 N.W. 1ST AVE.**  
 City **BOCA RATON** FL Zip Code **33431**

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.

SIGNATURE

*William Fairman*

*W. Fairman*

**2/8/2000**

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BLESSING, DAVID	
STREET ADDRESS	9050 PINES BLVD SUITE 110	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CAMET, EDUARDO A	
STREET ADDRESS	9050 PINES BLVD SUITE 110	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	COX, MITCHELL	
STREET ADDRESS	9050 PINES BLVD SUITE 110	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VIRGINIA LA DUKE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4281 N.W. 1ST AVENUE	
STREET ADDRESS	BOCA RATON FL. 33431	
CITY-ST-ZIP		
TITLE	DAN GAFFEN - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4281 N.W. 1ST AVENUE	
STREET ADDRESS	BOCA RATON FL. 33431	
CITY-ST-ZIP		
TITLE	JOHN GIBSON - DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4281 N.W. 1ST AVENUE	
STREET ADDRESS	BOCA RATON FL. 33431	
CITY-ST-ZIP		
TITLE	SCOTT WEBB - TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4281 N.W. 1ST AVENUE	
STREET ADDRESS	BOCA	
CITY-ST-ZIP		
TITLE	ANDREW BARON II SECY.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4281 N.W. 1ST AVENUE	
STREET ADDRESS	BOCA RATON FL. 33431	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/2000**

DATE

**561-392-6446**

DAYTIME PHONE #

CR2E037 (9/99)