

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 045 ****61.25

DOCUMENT # N96000003945

1. Entity Name
INDIGO LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**GOLDMAN & JUDA, PA
8211 W BROWARD BLVD, PH I - 5 FLOOR
PLANTATION, FL 33324 US**

Mailing Address
**GOLDMAN & JUDA, PA
8211 W BROWARD BLVD, PH I - 5 FLOOR
PLANTATION, FL 33324 US**

40010230



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0688194

Applied For
Not Applicable

Zip

Country

Zip

Country

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 ROAD - 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	<input type="checkbox"/> Delete
NAME	PLANTE, RUSS	
STREET ADDRESS	5421 NW 49 COURT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	TDSD	<input type="checkbox"/> Delete
NAME	SILVERMAN, DEBBIE	
STREET ADDRESS	5336 NW 48 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ABRAMSON, JONATHAN	
STREET ADDRESS	4809 NW SS DR	
CITY-ST-ZIP	UN CITY CENTER, FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VASSEUR, WILLIAM	
STREET ADDRESS	5311 NW 51 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEUSER, SUSAN	
STREET ADDRESS	5255 NW 51 ST	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAKOVSKY, KEITH	
STREET ADDRESS	5426 NW 50 COURT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Flint, Gerald
4922 NW 55 Blvd
Coconut Creek FL 33073*

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: *Debbie Silverman* **DEBBIE SILVERMAN** 1-30-07 270-2724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #