

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N96000003945

**Entity Name:** INDIGO LAKES COMMUNITY ASSOCIATION, INC.

**FILED**  
**Mar 21, 2016**  
**Secretary of State**  
**CC8557640727**

**Current Principal Place of Business:**

EXCLUSIVE PROPERTY MANAGEMENT  
2945 W. CYPRESS CREEK RD. SUITE 201  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

EXCLUSIVE PROPERTY MANAGEMENT  
2945 W. CYPRESS CREEK RD. SUITE 201  
FORT LAUDERDALE, FL 33309 US

**FEI Number: 65-0688194**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAMMEL, EDWARD SESQ.  
SACHS SAX & CAPLAN  
6111 BROKEN SOUND PKWY NW, STE 200  
BOCA RATON, FL 33487 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name GEMMILL, WARREN  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT  
Name CUNNIFF, KEVIN  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33309

Title TREASURER  
Name ABRAMSON, JONATHAN  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY  
Name BARTHOLOMEW, KEVIN  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP  
Name HAUSKINS, STEVEN  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name PLANTE, RUSS  
Address EXCLUSIVE PROPERTY  
MANAGEMENT  
2945 W. CYPRESS CREEK RD. SUITE  
201  
City-State-Zip: FORT LAUDERDALE FL 33309

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEVIN CUNNIFF**

**PRESIDENT**

**03/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date