

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 03, 2014
Secretary of State
CC5158122445

Entity Name: INDIGO LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

GOLDMAN,JUDA & ESKEW, P.A.
8211 W BROWARD BLVD, PH 1
PLANTATION, FL 33324

Current Mailing Address:

GOLDMAN,JUDA & ESKEW, P.A.
8211 W BROWARD BLVD, PH 1
PLANTATION, FL 33324 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 5450 NW 49TH STREET
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name CUNNIFF, KEVIN
Address 4917 NW 52ND AVE.
City-State-Zip: COCONUT CREEK FL 33073

Title D
Name BERRY, MICHELLE
Address 5318 NW 49TH CT
City-State-Zip: COCONUT CREEK FL 33073

Title PD
Name PLANTE, RUSS
Address 5421 NE 49TH CT
City-State-Zip: COCONUT CREEK FL 33073

Title SD
Name ABRAMSON, JONATHAN
Address 4809 NW 55TH DRIVE
City-State-Zip: COCONUT CREEK FL 33073

Title TD
Name BARTHOLOMEW, KEVIN
Address 4819 NW 53RD CIRCLE
City-State-Zip: COCONUT CREEK FL 33073

Title D
Name HAUSKINS, STEVEN
Address 4839 NW 53RD CIRCLE
City-State-Zip: COCONUT CREEK FL 33073

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: RUSS PLANTE

PRESIDENT

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date