

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 760275 (8)**

1. Corporation Name  
**INDIAN CREEK CLUB & MARINA CONDOMINIUM ASSOCIATI  
ON NORTH, INC.**



Principal Place of Business Mailing Address  
**SOUTH FLA. MGMT. SERVICES  
13200 SW 128TH ST. STE. D1  
MIAMI FL 33186**

3. Date Incorporated or Qualified **10/05/1981** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **LAND CAP PROPERTY INC** 26 **LAND CAP Prop. SERV.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **12000 SW 114 PL** 27 **12000 SW 114 PL**  
City & State City & State  
23 **MIAMI, FL** 28 **MIAMI, FL**  
Zip Country Zip Country  
24 **33176** 25 Country 29 **33176** 30 Country

4. FEI Number **59-2185566** Applied For  
Not Applicable  
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  
**HATTENBACH, JAMES  
SOUTH FLA MGMT. SER.  
13200 SW 128TH ST. STE. D1  
MIAMI FL 33186**

10. Name and Address of New Registered Agent  
81 Name **GERALD SIMON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**LAND CAP PROPERTY**  
83 **12000 SW 114 PL**  
84 City **MIAMI, FL** 85 Zip Code **33176**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARTINEZ, DANIEL
STREET ADDRESS	6830 INDIAN CREEK DR. 6F
CITY-ST-ZIP	MIAMI BCH FL 33141
TITLE	VPD <input type="checkbox"/> DELETE
NAME	STABINSKI, LUIS
STREET ADDRESS	757 NW 27TH AVE.
CITY-ST-ZIP	MIAMI FL 33125
TITLE	TD <input type="checkbox"/> DELETE
NAME	PERZ, ELEIDA
STREET ADDRESS	6830 INDIAN CREEK DR. A1
CITY-ST-ZIP	MIAMI BCH FL 33141
TITLE	SD <input type="checkbox"/> DELETE
NAME	DUHARTE, LILLIAN
STREET ADDRESS	6830 INDIAN CREEK DR, 3C
CITY-ST-ZIP	MIAMI BCH FL 33141
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD PEREZ ELEIDA</b>
3.3 STREET ADDRESS	<b>6830 INDIAN CREEK DR. A1</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **PRESIDENT** 4/1/96 (245) 551-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)