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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

23

DOCUMENT #

760275

(8)

INDIAN CREEK CLUB & MARINA CONDOMINIUM ASSOCIATI ON NORTH, INC.

Principal Place of Business Mailing Address LAND CAP PROPERTY SERVICE 13800 S.W. 144 AVE. ROAD LAND CAP PROPERTY SERVICE 13800 S.W. 144 AVE, ROAD MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State

5. Certificate of Status Desired 6. Election Campaign Financing 7. Is this nonprofit corporation a homeowners association?

Yes \(\subseteq \text{No} \) 28

FILED Feb 04 1998 8:00am Secretary of State



Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified

10/05/1981

59-2185566

Trust Fund Contribution

4. FEI Number

Zîp		Country	Zip	Cou	ntry	8.	This con	poration owes	or has paid t	he current year	Intapoible
24	25 29 9. Name and Address of Current Registered Agent			30	Personal Property Tax						
			10.	Name a	nd Address o	of New Regist	ered Agent				
GERALD		81 Name 82 Street	GERI		S/MO Number is Not	Acceptable)	0.5				
13800 S	l	73		50	144 1	WENUE	KOAD				
- 12000-3	[83			,,						
MIAMI F	L 33186	ŀ	84 City A	4 4 .				a= 7:	- 0		
				1	City/V	11AMI-	1)A)).	£		FL S	p Code 3/86-6765
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 about, 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 vita and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE 1/23/98											
	Signature, typod	or printed name of registered agent			Agent signature	e required when		-		DATE	
12.	<u>, </u>	CFFICERS AND	DIRECTORS DELETE	13.		<u>, А</u>	DDITION	IS/CHANGES	TO OFFICER	S AND DIRECTO	
TITLE	PD	F7 DANIEL	□ nereie	1,1 111						Change	Addition
NAME		EZ, DANIEL		1.2 NA							
STREET ADDRESS		DIAN CREEK DR. 6F			EET ADDRESS	ŀ					
CITY-ST-ZIP		CH FL 33141	DELETE		Y-ST-ZIP						[***]
TITLE	VPD	3/2 1180		2.1 117						L Change	Addition
NAME		SKI, LUIS		2.2 NA							
STREET ADDRESS		27TH AVE.			EET ADDRESS						
CITY-ST-ZIP	MIAM! F	L 33125	- DELETE		Y-ST-ZIP						
TITLE	TD	El SID I	DELETE	3.1 TITE						Change	e 🔲 Addition
NAME	PEREZ,			3.2 NA	-						
STREET ADDRESS		Dian Creek Drive A-1		B	EET ADDRESS						
CITY-ST-ZIP		EACH FL	Manage		Y-ST-ZIP						
TITLE	SD		☐ DELETE	4,1 TH	-	ŀ				L Change	Addition
NAME		E, LILLIAN		4. 2 NA	ME						
STREET ADDRESS		DIAN CREEK DR, 3C		4.3 STF	EET ADDRESS						
CITY-ST-ZIP	MIAMI B	CH FL 33141			-ST-ZIP						
TITLE			☐ DELETE	5.1 TITI	E					☐ Change	Addition
NAME				5.2 NAM	4E						
STREET ADORESS				5.3 STR	EET ADDRESS						
CITY - ST - ZIP					-ST-ZIP						
TITLE			☐ DELETE	6.1 TITL	E					Change	Addition
NAME				6.2 NAM	1E						J
STREET ADORESS				6.3 STR	EET ADDRESS						
CITY-ST-ZIP				6.4 CIT	'-ST-ZIP						

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 or produced the result in a supplemental statutes.

SIGNATURE: