FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760275

1. Corporation Name

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

Principal Place of Business
LAND CAP PROPERTY SERVICE
13800 S.W. 144 AVE. ROAD
MIAMI FL 33186
110

2. Principal Place of Business

Mailing Address

2a. Mailing Address

LAND CAP PROPERTY SERVICE 13800 S.W. 144 AVE. ROAD MIAMI FL 33186 FILED
Mar 04, 1999 8:00 am §
Secretary of State
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- 1 (BB\$)	8	

3. Date Incorporated or Qualifed

21		26		10/05/1981		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		59-2185566	Not Applicable	
City & State	9	City & State		5. Certificate of Status Desired	\$8.75 Additional	
23		28		5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30]	Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
81 Name) - ald + Dalahla Mac Mt						
CERMIN	CINACINI		82 Street Ad	Idraga (P.D. Pay Number is Not Acceptable)	16 loviestice	
Sign and a					-	
13800 S.W. 144 AVE. ROAD						
MIAMI FL	33186-6765		17/	95 5.W. 1212	1 HOU!	
			84 City	ka a Fi	85 Zin Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose list registered are registered.						
office or r	Agistored agent for both in the State of	i Florida. Such change was auth	onzea ov me_corbora	ation's board of directors. I hereby accept the appoin	ntment as registered	
agent. I a	m familiar with and accept the obligation	ons of, Section 617.0503, Florida	Statutes.	1/1	-7-95	
SIGNATURE	(ellist)	2 Coupe	4-+6	mire Min principality)	<u> </u>	
40	Signature, typed or printed name of registered agent		gistered Agent signature lequing 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE)	Change Addition	
TITLE	PD	The percent	12 NAME	Rafaele Ochon	. 0	
NAME	MARTINEZ, DANIEL			5830 Indian Creek	dr. # 9E	
STREET ADDRESS	6830 INDIAN CREEK DR. 6F		1.3 STREET ADDITESS	Migmi Beach, Fl	23141	
CITY-ST-ZIP	MIAMI BCH FL 33141	Ø orter	1.4 CITY-ST-ZIP	MI CACK 1- 1.	Change Addition	
TITLE	VPD	DELETE	2.1 TITLE	:	T Augusto T. Magnou	
NAME	STABINSKI, LUIS _		2.2 NAME			
STREET ADDRESS	757 NW 27TH AVE.		2.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33125		2.4 CITY-ST-ZIP		C Observe C Addition	
TTLE	TD	☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition	
NAME	PEREZ, ELEIDA		3.2 NAME	and the same	, .	
STREET ADDRESS	6830 INDIAN CREEK DRIVE A-1		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-ST-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	DUHARTE, LILLIAN		4. 2 NAME	•		
STREET ADDRESS	6830 INDIAN CREEK DR, 3C		4.3 STREET ADDRESS			
City-St-ZiP	MIAMI BCH FL 33141		4,4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	,		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	•	•	
STREET ADDRESS		ļ	6.3 STREET ADDRESS			
	1		6.4 CITY-ST-ZIP	·		
CITY-ST-ZIP			3			

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

VATURE AND TYPED OF PRINTED NAME OF SONING OFFICER OR DIRECTOR

2-2-95

305-598-406)

Daytime Phone #