

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90071 013 \*\*\*\*61.25

**DOCUMENT # 760275**

1. Entity Name  
**INDIAN CREEK CLUB & MARINA CONDOMINIUM ASSOCIATION NORTH, INC.**



Principal Place of Business Mailing Address

6830 INDIAN CREEK DR.  
 MIAMI BEACH FL 33141  
 US

C/O CAM MANAGEMENT SERVICES, CORP.  
 P.O. BOX 5103  
 HIALEAH FL 33014-1103  
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2185566** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

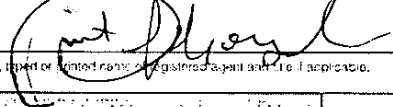
6. Name and Address of Current Registered Agent

**GONZALEZ, ANITA  
 CAM MGMT SERVICES  
 6175 NW 167TH ST UNIT G1  
 MIAMI LAKES FL 33015**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEONHART, CAROLYN</b> <input type="checkbox"/> Delete <b>6830 INDIAN CREEK DRIVE #4C MIAMI BCH FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GACITUA, JULIO</b> <input type="checkbox"/> Delete <b>6830 INDIAN CREEK DR SUITE 8C MIAMI BEACH FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RODRIGUEZ, ROSE MARY</b> <input type="checkbox"/> Delete <b>6830 INDIAN CREEK DR SUITE 4D MIAMI BEACH FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARMAN, VIBEKE</b> <input type="checkbox"/> Delete <b>6830 INDIAN CREEK DR SUITE 4F MIAMI BEACH FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Lillian Duharte</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6830 Indian Creek Dr. # 3c Miami Beach, Fl. 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lillian Duharte** 2/15/08 (305)-826-9191