03301999-90021-033-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

FILED
Mar 30, 1999 8:00 am
Secretary of State
03-30-1999 90021 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761548

1. Corporation Name

INDIAN CREEK COMMUNITY HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
190 MUIRFIELD CT CLUBHOUSE JUPITER FL 33458 US	103 S U.S. HWY 1 FS -135 JUPITER FL 33477 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/21/1982

4. FEI Number: 59-2013683 ☐ 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

9. Name and Address of Current Registered Agent

INGLIS, STEVE
1035 US HWY 1
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARR, DEBORAH		1.2 NAME		
STREET ADDRESS	104 ARROWHEAD CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KAPLAN, STANLEY		2.2 NAME		
STREET ADDRESS	312 MOCASSIN TRAIL W		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MOWRY, KAY		3.2 NAME		
STREET ADDRESS	142 DOE TR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	TD Fredrick Otto	☐ Change ☐ Addition
NAME	OTTO, FRED		4.2 NAME	102-6 Muirfield Ct.	
STREET ADDRESS	102 MURIFIELD CT		4.3 STREET ADDRESS	Jupiter, Florida 33458	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	PEDDLE, WILLIAM		5.2 NAME	H. dalgo Larry	
STREET ADDRESS	301 B MUIRFIELD CT		5.3 STREET ADDRESS	129 Doe TRAIL	
CITY-ST-ZIP	JUPITER FL 33458		5.4 CITY-ST-ZIP	Jupiter FL 33458	
TITLE		☐ DELETE	6.1 TITLE	VPD	☐ Change ☒ Addition
NAME			6.2 NAME	LOMBARD, Gloria	
STREET ADDRESS			6.3 STREET ADDRESS	249 BRIER DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jupiter FL 33458	

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: Kay Mowry VP/Treasurer 3/24/99 561-575-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #