FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761549** **(5)**

1. Corporation Name

INDIAN CREEK PHASE I HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 202 JUPITER FL 33468	P.O. BOX 202 JUPITER FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1982
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2390273 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

~~REIMER, HENRY J.~~
~~105 ARROWHEAD CIRCLE~~
~~JUPITER FL 33458~~

10. Name and Address of New Registered Agent

81 Name: William Schongalla
82 Street Address (P.O. Box Number is Not Acceptable): 101 Arrowhead Circle
83
84 City: Jupiter **FL** 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William Schongalla — 4/28/95
Signature required (printed name of registered agent and title if applicable) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	~~SCHONGALLA, WM~~	12 NAME	SCHONGALLA, Wm.	correct spelling
STREET ADDRESS	101 ARROWHEAD CIR	13 STREET ADDRESS		
CITY ST ZIP	JUPITER FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	~~FAGGER, CINDY~~	22 NAME		
STREET ADDRESS	~~180 ARROWHEAD CIR~~	23 STREET ADDRESS		
CITY ST ZIP	~~JUPITER FL~~	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MERRITT, DANA	32 NAME		
STREET ADDRESS	180 ARROWHEAD CIR	33 STREET ADDRESS		
CITY ST ZIP	JUPITER FL	34 CITY ST ZIP		
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	~~REIMER, HENRY~~	42 NAME	CAGE, Robert	
STREET ADDRESS	~~105 ARROWHEAD CIRCLE~~	43 STREET ADDRESS	140 Arrowhead Circle	
CITY ST ZIP	~~JUPITER FL~~	44 CITY ST ZIP	Jupiter, FL 33458	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WOOTEN, MARK	52 NAME		
STREET ADDRESS	102 ARROWHEAD CIR	53 STREET ADDRESS		
CITY ST ZIP	JUPITER FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CINGLE, MICHAEL	62 NAME		
STREET ADDRESS	186 ARROWHEAD CIR	63 STREET ADDRESS		
CITY ST ZIP	JUPITER FL	64 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)(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.

SIGNATURE: William Schongalla — 4/28/95 — 407-744-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Schongalla, President

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