

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24123

FILED
Apr 04, 2005
Secretary of State

Entity Name: INDIAN SPRING COUNTRY CLUB, INC.

Current Principal Place of Business:

11501 INDIAN SPRING TRAIL
BOYNTON BEACH, FL 33437

New Principal Place of Business:

11501 EL CLAIR RANCH ROAD
BOYNTON BEACH, FL 33437

Current Mailing Address:

11501 EL CLAIR RANCH RD
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0019825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, MICHAEL L CCM
11501 EL CLAIR RANCH RD
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: NOZETZ, ABE
Address: 11501 EL CLAIR RANCH RD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: ARONSON, BILL
Address: 11501 EL CLAIR RANCH RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD () Delete
Name: DITKOWICH, MELVIN
Address: 11501 ST CLAIR RANCH RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD (X) Delete
Name: JACOBS, DAVID
Address: 11501 EL CLAIR RANCH RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: SPIELER, IRA
Address: 11501 EL CLAIR RANCH RD
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WAINSHILBAUM, GERALDINE
Address: 11501 ST CLAIR RANCH RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL ARONSON

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date