

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 760275

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

**FILED**  
**Jun 06, 2017**  
**Secretary of State**  
**CC2809414426**

**Current Principal Place of Business:**

6830 INDIAN CREEK DR.  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

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

**FEI Number: 59-2185566**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GONZALEZ, ANITA  
CAM MANAGEMENT SERVICES  
6065 NW 167TH ST UNIT B-19  
MIAMI LAKES, FL 33015 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           CALDERON , CARLOS  
Address        C/O CAM MANAGEMENT SERVICES,  
                  CORP.  
                  P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

Title           D  
Name           GACITUA, JULIO  
Address        C/O CAM MANAGEMENT SERVICES,  
                  CORP.  
                  P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

Title           PRESIDENT  
Name           MARGOLLES, ENRIQUE  
Address        C/O CAM MANAGEMENT SERVICES,  
                  CORP.  
                  P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

Title           SECRETARY  
Name           DUHARTE , LILLIAN  
Address        C/O CAM MANAGEMENT SERVICES,  
                  CORP.  
                  P.O. BOX 5103  
City-State-Zip: HIALEAH FL 33014-1103

*I hereby 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 all other like empowered.*

**SIGNATURE: ENRIQUE MARGOLLES**

**PRESIDENT**

**06/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date