## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 760275** 

Entity Name: INDIAN CREEK CLUB & MARINA CONDOMINIUM ASSOCIATION

NORTH, INC.

**FILED** Feb 02, 2016 **Secretary of State** CC0497220895

## **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:

**TREASURER** Title Title D

CALDERON, CARLOS GACITUA, JULIO Name Name

Address C/O CAM MANAGEMENT SERVICES, Address C/O CAM MANAGEMENT SERVICES, CORP.

CORP.

P.O. BOX 5103 P.O. BOX 5103

HIALEAH FL 33014-1103 HIALEAH FL 33014-1103 City-State-Zip: City-State-Zip:

**SECRETARY** Title Title

ISIDRON, MIGDALIA WARMAN, VIBEKE Name Name

C/O CAM MANAGEMENT SERVICES, C/O CAM MANAGEMENT SERVICES, Address Address CORP.

CORP. P.O. BOX 5103 P.O. BOX 5103

City-State-Zip: HIALEAH FL 33014-1103 City-State-Zip: HIALEAH FL 33014-1103

Title PD

DUHARTE, LILLIAN Name

Address C/O CAM MANAGEMENT SERVICES,

CORP.

P.O. BOX 5103

HIALEAH FL 33014-1103 City-State-Zip:

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: LILLIAN DUHARTE **PRESIDENT** 

02/02/2016 Date