


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90001 018 ****61.25

DOCUMENT # 761548 1. Entity Name INDIAN CREEK COMMUNITY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1930 COMMERCE LN #1 JUPITER, FL 33458 US			Mailing Address 1930 COMMERCE LN #1 JUPITER, FL 33458 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INGLIS, STEVE 1930 COMMERCE LN #1 JUPITER, FL 33458				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREECH, JUDITH		NAME	Edward Yonkers	
STREET ADDRESS	169 ARROWHEAD CIR		STREET ADDRESS	124 Moccasin Trail S	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMBARD, GLORIA		NAME	Ann Summers	
STREET ADDRESS	249 BRIER CIR		STREET ADDRESS	158 Moccasin Trail N	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Marine Charles F.	
STREET ADDRESS			STREET ADDRESS	107A Half Moon Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Edward Yonkers</i>			Date: <i>June 7, 2006</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		