

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90235 023 \*\*\*\*61.25

**DOCUMENT # 762909**

1. Entity Name  
**INDIAN CREEK PHASE III B HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**P O BOX 1606  
JUPITER, FL 33468-8606**

Mailing Address  
**P O BOX 1606  
JUPITER, FL 33468-8606**

**DO NOT WRITE IN THIS SPACE**

02062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2389057**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SELZ, STEVEN  
SELZ & MUVDI SELZ  
214 BRAZILIAN AVE SUITE 210  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO- VED ROYCE, CHRISTINE 135 DOE TRAIL JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLOMBO, ROSE 181 BENT ARROW DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEY, GLORIA 189 Bent Arrow Drive Jupiter, Fl. 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPB AGRE, LEONARD 105 BENT ARROW DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENWOOD, LINDA 111 DOE TRAIL JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED Frangiamone, Gian 196 Bent Arrow Drive - Jupiter, Fl. 33458

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Rose Colombo, Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/06*  
Date

Daytime Phone #