2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 27, 2008 8:00 am Secretary of State **DOCUMENT # 762909** 1. Entity Name 05-27-2008 90040 044 ****61.25 INDIAN CREEK PHASE III B HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 196 BENT ARROW DR. 196 BENT ARROW DR. JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 1606 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 59-2389057 Jupiter, F1. Not Applicable Zio Country Palm Beach Country 33468 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selz, Steven SELZ, STEVEN Street Address (P.O. Box Number is Not Acceptable) SELZ & MUVDI SELZ 214 BRAZILIAN AVE SUITE 210 500 University Dr. Suite 110 PALM BEACH FL 33480 Zip Code 33458 Jupiter 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 lamiliar 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to ï Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition FRANGIAMONE, GIAN NAME NAME 196 BENT ARROW DR. STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-51-7/P CITY-ST-ZIP TD TITLE ☐ Delate TITLE Change ☐ Addition COLOMBO, ROSE NAME NAME STREET ADDRESS 181 BENT ARROW DRIVE STREET ADDRESS JUPITER FL 33458 CITY-ST-ZI₽ CITY-ST-ZIP SD TITLE Delete TITLE x Change ☐ Addition TIERNEY, VI NAME NAME Gilbert, Eric 189 BENT ARROW DR STREET ADDRESS STREET ADDRESS 105 Doe Trail JUPITER FL 33458 CITY-ST-7IP CITY-ST-ZIP Jupiter, F1. 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROYCE, CHRISTINE NAME NAME 135 DOE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 PITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREENWOOD, LINDA NAME NAME 111 DOE TRAIL STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY+ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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