

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR -9 AM 9:25**

**CORPORATION  
ANNUAL REPORT  
1995**

**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**



**DOCUMENT # 768407 (9)**

1. Corporation Name  
**INDIAN CREEK PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**C/O JOANN SOLDAN  
35 IROQUOIS DR., N.  
FORT MYERS BEACH FL 33931  
US**

**C/O JOANN SOLDAN  
35 IROQUOIS DR., N.  
FORT MYERS BEACH FL 33931  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1983** 3a. Date of Last Report **03/15/1994**

4. FEI Number **65-0176817** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**SOLDAN, JOANN  
35 IROQUOIS DR., N.  
FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JOANN Soldan PRES.** *Joann G. Soldan* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MCLEOD, ARNOLD</b>
STREET ADDRESS	<b>36 IROQUOIS DR., N.</b>
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>
TITLE	<b>VD</b>
NAME	<b>SOLDAN, JOANN</b>
STREET ADDRESS	<b>35 IROQUOIS DR., N.</b>
CITY-ST-ZIP	<b>FT MYERS BCH, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>BUKOWICK, ALBIN</b>
STREET ADDRESS	<b>75 KIOWA DRIVE</b>
CITY-ST-ZIP	<b>FT MYERS BCH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>FUETTE, JERRY</b>
STREET ADDRESS	<b>6 MOHAWK LANE</b>
CITY-ST-ZIP	<b>FT MYERS BCH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>NOSTADT, FRANK</b>
STREET ADDRESS	<b>60 KLOWA DRIVE</b>
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>GALLMEIER, ELMER</b>
STREET ADDRESS	<b>54 KLOWA DRIVE</b>
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SOLDAN, JOANN</b>
1.3 STREET ADDRESS	<b>35 IROQUOIS DR., N</b>
1.4 CITY-ST-ZIP	<b>FT. MYERS BCH., FL</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LIPPINCOTT, HOLLAND</b>
2.3 STREET ADDRESS	<b>12 ONEIDA DR</b>
2.4 CITY-ST-ZIP	<b>FT. MYERS BCH., FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOHNSON, ROBERT</b>
5.3 STREET ADDRESS	<b>68 KIOWA DR.</b>
5.4 CITY-ST-ZIP	<b>FT. MYERS BCH. FL</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SHAW, BETTY</b>
6.3 STREET ADDRESS	<b>12 PAWNEE LA</b>
6.4 CITY-ST-ZIP	<b>FT. MYERS BCH., FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albin Bukowick* **Bukowick, Albin, TD** **3-4-95 (813)-454-0791**

Signature, typed or printed name of signing officer or director Date (Date Filed)