

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **768407** (9)  
1. Corporation Name  
**INDIAN CREEK PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **C/O JOANN SOLDAN, 35 IROQUOIS DR., N. FORT MYERS BEACH FL 33931 US**  
Mailing Address: **C/O JOANN SOLDAN, 35 IROQUOIS DR., N. FORT MYERS BEACH FL 33931 US**

3. Date Incorporated or Qualified: **05/11/1983**  
3a. Date of Last Report: **03/09/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>65-0176817</b>	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**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
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joann E. Soldan* (Typed Name) *Joann E. Soldan* (Signature) **02/15/96** (Date)  
Signature, typed or printed name of registered agent and title if applicable. (Typed Name) Registered Agent signature required when reinstating. (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Scty.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLDAN, JOANN</b>	1.2 NAME	<b>CHARLES MCKELLAR</b>
STREET ADDRESS	<b>35 IROQUOIS DR., N</b>	1.3 STREET ADDRESS	<b>42 AZTEC CIRCLE</b>
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>	1.4 CITY-ST-ZIP	<b>FT MYERS BCH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIPPINCOTT, HOLLAND</b>	2.2 NAME	<b>HOWARD STEARNS</b>
STREET ADDRESS	<b>12 ONEIDA DR</b>	2.3 STREET ADDRESS	<b>11 KIOWA DR</b>
CITY-ST-ZIP	<b>FT MYERS BCH, FL 00000</b>	2.4 CITY-ST-ZIP	<b>FT MYERS BCH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUKOWICK, ALBIN</b>	3.2 NAME	<b>DOROTHY KLAFEHN</b>
STREET ADDRESS	<b>75 KIOWA DRIVE</b>	3.3 STREET ADDRESS	<b>3 MOHAWK LANE</b>
CITY-ST-ZIP	<b>FT MYERS BCH, FL 00000</b>	3.4 CITY-ST-ZIP	<b>FT MYERS BCH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FUETTE, JERRY</b>	4.2 NAME	<b>BRUCE MITCHELL</b>
STREET ADDRESS	<b>6 MOHAWK LANE</b>	4.3 STREET ADDRESS	<b>30 IROQUOIS DR. S</b>
CITY-ST-ZIP	<b>FT MYERS BCH, FL 00000</b>	4.4 CITY-ST-ZIP	<b>FT MYERS BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>68 KIOWA DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, BETTY</b>	6.2 NAME	
STREET ADDRESS	<b>12 PAWNEE LA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>	6.4 CITY-ST-ZIP	

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 J. BUKOWICK - Albin Bukowick* **2/15/96** **941-454-0791**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E037 (12/95)