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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33931-2409 US

3. Date Incorporated or Qualified 05/11/1983
3a. Date of Last Report 02/21/1996
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
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 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 C. Soldan Pres* 2/26/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOLDAN, JOANN	
STREET ADDRESS	35 IROQUOIS DR., N	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIPPINCOTT, HOLLAND	
STREET ADDRESS	12 ONEIDA DR	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUKOWICK, ALBIN	
STREET ADDRESS	75 KIOWA DRIVE	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCKELLAR, CHARLES	
STREET ADDRESS	42 AZTEC CIRCLE	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT	
STREET ADDRESS	68 KIOWA DR	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, BETTY	
STREET ADDRESS	12 PAWNEE LA	
CITY-ST-ZIP	FT. MYERS BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOYLE, JACOB	
4.3 STREET ADDRESS	15 IROQUOIS DR, S	
4.4 CITY-ST-ZIP	FT MYERS BCH, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SAMKUS, NORMAN	
5.3 STREET ADDRESS	46 IROQUOIS DR, N	
5.4 CITY-ST-ZIP	FT MYERS BCH, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAMS BETTY	
6.3 STREET ADDRESS	56 IROQUOIS DR, N	
6.4 CITY-ST-ZIP	FT MYERS BCH FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 2-26-97 (S41) 454-0791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)