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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 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**

4. FEI Number: **65-0176817**

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **JACOB DOYLE**

22 **15 IROQUOIS DR S**

23 **FT MYERS BEACH FL**

24 **33931**

25 **US**

2a. Mailing Address

26 **40 Jacob Doyle**

27 **15 IROQUOIS DR. S.**

28 **FT MYERS Bch FL**

29 **33931**

30 **US**

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: **DOYLE, Jacob G**

82 Street Address (P.O. Box Number is Not Acceptable): **15 IROQUOIS DR. S.**

83 **FT MYERS BEACH**

84 City: **FL**

85 Zip Code: **33931**

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: **JACOB DOYLE President/Director** *Jacob Doyle Pres.* **3/19/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOLDAN, JOANN	
STREET ADDRESS	35 IROQUOIS DR., N	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	VD	<input checked="" 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	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, JACOB	
STREET ADDRESS	15 IROQUOIS DRIVE SO	
CITY-ST-ZIP	FORT MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAMKUS, NORMAN	
STREET ADDRESS	46 IROQUOIS DRIVE NO	
CITY-ST-ZIP	FRT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BETTY	
STREET ADDRESS	56 IROQUOIS DRIVE NORTH	
CITY-ST-ZIP	FORT MYERS BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOYLE JACOB G	
1.3 STREET ADDRESS	15 IROQUOIS DR S	
1.4 CITY-ST-ZIP	FT MYERS BCH FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEARNS, HOWARD	
2.3 STREET ADDRESS	11 KIOWA DR.	
2.4 CITY-ST-ZIP	FT. MYERS BCH FL	
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 type="checkbox"/> Addition
4.2 NAME	SOLDAN, JOANN	
4.3 STREET ADDRESS	35 IROQUOIS DR. N.	
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	MITCHELL, BRUCE	
5.3 STREET ADDRESS	20 IROQUOIS DR. S.	
5.4 CITY-ST-ZIP	FT. MYERS BCH FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 *Albin Bukowick* **3/17/98** 941-454-0791

CR2E037 (10/97)