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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 768407**

1. Corporation Name

**INDIAN CREEK PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

C/O JACOB DOYLE  
 15 IROQUOIS DR S  
 FT MYERS BEACH FL 33931  
 US

Mailing Address

C/O JACOB DOYLE  
 15 IROQUOIS DR S  
 FORT MYERS BEACH FL 33931  
 US



2. Principal Place of Business

21 C/O ROBERT W. BUAT

Suite, Apt. #, etc.

22 41 IROQUOIS DR. - N

City & State

23 FT. MYERS Bch., FL.

Zip

24 33931

Country

25 U.S.

2a. Mailing Address

26 C/O ROBERT W. BUAT

Suite, Apt. #, etc.

27 41 IROQUOIS DR. - N

City & State

28 FT. MYERS Bch., FL.

Zip

29 33931

Country

30 U.S.

3. Date Incorporated or Qualified

05/11/1983

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

9. Name and Address of Current Registered Agent

DOYLE, JACOB G  
 15 IROQUOIS DR S  
 FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name

ROBERT W. BUAT

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

41 IROQUOIS DR. - N  
 (FT. MYERS Bch.)

83

City

FT. MYERS Bch., 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 Robert W. Buat

ROBERT W. BUAT - TREASURER

4/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME DOYLE, JACOB G  
 STREET ADDRESS 15 IROQUOIS DR S  
 CITY-ST-ZIP FT MYERS Bch FL

TITLE VD  DELETE  
 NAME STEARNS, HOWARD  
 STREET ADDRESS 11 KIOWA DR  
 CITY-ST-ZIP FT MYERS Bch, FL 00000

TITLE TD  DELETE  
 NAME BUKOWICK, ALBIN  
 STREET ADDRESS 75 KIOWA DRIVE  
 CITY-ST-ZIP FT MYERS Bch, FL 00000

TITLE SD  DELETE  
 NAME SOLDAN, JOANN  
 STREET ADDRESS 35 IROQUOIS DR N  
 CITY-ST-ZIP FORT MYERS BEACH FL

TITLE D  DELETE  
 NAME MITCHELL, BRUCE  
 STREET ADDRESS 20 IROQUOIS DR S  
 CITY-ST-ZIP FRT MYERS BEACH FL

TITLE D  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  Change  Addition  
 1.2 NAME STEARNS, HOWARD  
 1.3 STREET ADDRESS 11 KIOWA DR.  
 1.4 CITY-ST-ZIP FT. MYERS, Bch, FL. 33931

2.1 TITLE V.D.  Change  Addition  
 2.2 NAME ~~STEARNS, HOWARD~~ DOYLE, JACOB G  
 2.3 STREET ADDRESS 15 IROQUOIS DR. - S  
 2.4 CITY-ST-ZIP FT. MYERS Bch, FL. 33931

3.1 TITLE TD  Change  Addition  
 3.2 NAME BUAT, ROBERT W.  
 3.3 STREET ADDRESS 41 IROQUOIS DR. - N  
 3.4 CITY-ST-ZIP FT. MYERS Bch, FL. 33931

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: Robert W. Buat, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (941) 437-2559

Date

Daytime Phone #

CR2E037 (11/98)