

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90414 035 \*\*\*\*61.25

**DOCUMENT # 768407**

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

Principal Place of Business C/O ROBERT W BURT 41 IROQUOIS DR N FT MEYERS FL 33931 US	Mailing Address C/O ROBERT W BURT 41 IROQUOIS DR N FT MEYERS FL 33931 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Mary J. Samkus Suite, Apt. #, etc.	3. Mailing Address 46 N. Iroquois Dr., Suite, Apt. #, etc.
City & State Ft. Myers Beach, Fl., 33931	City & State
Zip 33931	Country U.S.A.

4. FEI Number <b>65-0176817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BURT, ROBERT W**  
**41 IROQUOIS DR N**  
**FT MEYERS BEACH FL 33931**

7. Name and Address of New Registered Agent  
 Name: Mary J. Samkus  
 Street Address (P.O. Box Number is Not Acceptable):  
46 North Iroquois Dr.  
 City: Ft. Myers Beach, Fl., **FL** Zip Code: 33931

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE: Mary J. Samkus, Treasurer DATE: 3/28/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME VD DOYLE, JACOB G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15 IROQUOIS DR S	
CITY-ST-ZIP FT MYERS BCH FL 33931	
TITLE NAME PD STEARNS, HOWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 11 KIOWA DR	
CITY-ST-ZIP FT MEYERS BCH FL 33931	
TITLE NAME TD BURT, ROBERT W	<input type="checkbox"/> Delete
STREET ADDRESS 41 IROQUOIS DR N	
CITY-ST-ZIP FT MEYERS BCH FL 33931	
TITLE NAME SD SOLDAN, JOANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 35 IROQUOIS DR N	
CITY-ST-ZIP FORT MYERS BEACH FL	
TITLE NAME D MITCHELL, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS 20 IROQUOIS DR S	
CITY-ST-ZIP FRT MYERS BEACH FL	
TITLE NAME D WILLIAMS, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 56 IROQUOIS DRIVE NORTH	
CITY-ST-ZIP FORT MYERS BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Pres. Dorothy Klafehn	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3 Mohawk	
CITY-ST-ZIP Ft. Myers Beach, Fl., 33931	
TITLE NAME V.P. Robert Burt	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 41 Iroquois	
CITY-ST-ZIP Ft. Myers Beach, Fl., 33931	
TITLE NAME Sec. Jeri Woelke	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3 Oneida	
CITY-ST-ZIP Ft. Myers Beach, Fl., 33931	
TITLE NAME Treas. Mary J. Samkus	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 46 N. Iroquois Dr.,	
CITY-ST-ZIP Ft. Myers Beach, Fl., 33931	
TITLE NAME D Bruce Mitchell	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20 Iroquois Drive South	
CITY-ST-ZIP Ft. Myers Beach, Fl., 33931	
TITLE NAME D William Gentsch	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6 Hopi	
CITY-ST-ZIP Ft. Myers Beach, Fl., 33931	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Mary J. Samkus DATE: 3/28/01 DAYTIME PHONE #: 941 466 2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)