



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90053 012 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # 768407</b>   |  |  |   |                |  |
| 1. Entity Name<br><b>INDIAN CREEK PARK HOMEOWNERS ASSOCIATION, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br>C/O WILLIAM J. GENTZSCH<br>FT MEYERS, FL 33931 US   |  |  | Mailing Address<br>6 HOPI LN<br>FT MEYERS, FL 33931 US    |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>65-0176817</b>  |  |
|  |  |  |   | Applied For<br>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  |  |  | 7. Name and Address of New Registered Agent               |   |  |
| <b>GENTZSCH, WILLIAM J</b><br><b>6 HOPI LN</b><br><b>FT MEYERS BEACH, FL 33931</b>   |  |  | Name  |   |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)        |   |  |
|  |  |  | City  |   |  |
|  |  |  | <b>FL</b>   |   | Zip Code   |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |  |  |   | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>BRITAIN, DENNIS</b><br><b>25 IROQUOIS DR. N.</b><br><b>FORT MYERS BEACH, FL 33931</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>V.P.</b><br><b>WOELKE, JERI</b><br><b>3 ONEIDA DR.</b><br><b>FT. MYERS BEACH, FL 33931</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>WOELKE, JERI</b><br><b>3 ONEIDA</b><br><b>FT MEYERS BCH, FL 33931</b>                 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>S</b><br><b>BELOW, NANCY</b><br><b>3 AZTEC CIRCLE</b><br><b>FT MYERS, BEACH, FL 33931</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>GENTZSCH, WILLIAM J</b><br><b>6 HOPI LN</b><br><b>FORT MYERS BEACH, FL 33931</b>      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>JEY, MARY ELLEN</b><br><b>4 IROQUOIS DR S</b><br><b>FORT MYERS BEACH, FL 33931</b>    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>MITCHELL, BRUCE</b><br><b>20 IROQUOIS DR S</b><br><b>FORT MYERS BEACH, FL 33931</b>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>FREEMAN, CAROLYN</b><br><b>3 SHAWNEE LN</b><br><b>FORT MYERS BEACH, FL 33931</b>      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 all other like empowered. |  |  |   |   |  |
| SIGNATURE:    |  |  | Date: <b>2/12/05</b> Daytime Phone #: <b>239 466 5745</b> |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>WILLIAM J. GENTZSCH - TREAS</b>   |  |  |   |   |  |