

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 039 ****61.25



DOCUMENT # 768407

1. Entity Name

INDIAN CREEK PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O WILLIAM J. GENTZSCH
FT MEYERS FL 33931
US

Mailing Address

6 HOPI LN
FT MEYERS FL 33931
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/07)

4. FEI Number

65-0176817

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENTZSCH, WILLIAM J
6 HOPI LN
FT MEYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAYER, GREG 46 AZTEC CIRCLE FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIONET, NIRMAN 14 MOWHAWK DR FT MEYERS BCH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GENTZSCH, WILLIAM J 6 HOPI LN FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITAIN, DENNIS 25 IROQUOIS DR N FORT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, BRUCE 20 IROQUOIS DR S FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAQUES, DOUG 10 ONEIDA DR FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRUNAS, KEN 2 HOPI LANE FT MYER BEACH, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEMM, ANNA MARIE 18 AZTEC CIRCLE FT MYERS BEACH, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, HOWARD 11 KIOWA DR FT MEYERS BEACH, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UEBELACKER, MARGARET 42 IROQUOIS DR N FT MEYERS BEACH, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemptions contained in Section 119, 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:

[Handwritten Signature]

[Handwritten Initials]

3/13/08