

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90466 013 \*\*\*\*61.25

UBR1043

**DOCUMENT # 768407**

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



Principal Place of Business  
**C/O MARY J SAMKUS  
FT MEYERS FL 33931  
US**

Mailing Address  
**46 N IROQUOIS DR  
FT MEYERS FL 33931  
US**

2. Principal Place of Business  
**c/o William J. GENTZSCH**

3. Mailing Address  
**6 HOPI LANE**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**FT MYERS BEACH, FL**

City & State  
**FT MYERS BEACH, FL**

4. FEI Number **65-0176817** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country Zip Country  
**33931 LEE 33931 LEE**

6. Name and Address of Current Registered Agent  
**SAMKUS, MARY J  
46 N IROQUOIS DR  
FT MEYERS BEACH FL 33931**

7. Name and Address of New Registered Agent  
Name  
**WILLIAM J. GENTZSCH**  
Street Address (P.O. Box Number is Not Acceptable)  
**6 HOPI LANE**  
City  
**FT MYERS BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William J. Gentsch*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KLAFEHN, DOROTHY 66 KIOWA FORT MYERS BEACH FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOSEPH METCALFE III 66 KIOWA DR FT MYERS BEACH, FL 33931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WOELKE, JERI 3 ONEIDA FT MEYERS BCH FL 33931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DENNIS BRITTAIN 25 IROQUOIS DR. N. FT MYERS BEACH, FL 33931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROBERT, MARTIN 31 INDIAN PARKWAY S. FT MEYERS BCH FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILLIAM J. GENTZSCH 6 HOPI LANE FT MYERS BEACH, FL 33931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SAMKUS, MARY J 46 N IROQUOIS DRIVE FORT MYERS BEACH FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARY ELLEN FEY 4 IROQUOIS DR. S. FT MYERS BEACH, FL 33931</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MITCHELL, BRUCE 20 IROQUOIS DR S FORT MYERS BEACH FL 33931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JANET SCHONEKER 34 IROQUOIS DR. N FT MYERS BEACH, FL 33931</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GENTZSCH, WILLIAM 6 HOPI FORT MYERS BEACH FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAROLYN FREEMAN 3 SHAWNEE LANE FT MYERS BEACH, FL 33931</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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: *WILLIAM J. GENTZSCH* 3/10/03 239 466 5745

CR2E037 (10/02)

90052080

Attachment

768407

2003 NOT FOR PROFIT CORP

DOCUMENT # 76847

INDIAN CREEK PARK HOMEOWNERS ASSN INC

ADDITIONAL DIRECTOR

D.

NANCY BELOW

X- ADDITION

3 AZTEC DR

FT MYERS BEACH, FL 33931