

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 769092 (8)

95 FEB 13 PM 12:04

1. Corporation Name  
**INDIAN CREEK PHASE IV A HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
109A HALF MOON CIRCLE P.O. BOX 7066  
JUPITER FL 33458-7667 JUPITER FL 33468-7066  
US US

3. Date Incorporated or Qualified 06/24/1983 3a. Date of Last Report 04/08/1994

4. FEI Number 65-0270127 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 109C HALF MOON CIR. 26 Box 110E HALF MOON CIR.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 JUPITER FL 28 JUPITER, FL.  
Zip Country Zip Country  
24 33458-7667 25 Country 29 33458-7667 30 Country

9. Name and Address of Current Registered Agent  
ETCHELLS, CHARLES H  
105D HALF MOON CIRCLE  
JUPITER FL 33458

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	STROUP, LORRAINE
STREET ADDRESS	102C HALF MOON CIR.
CITY - ST - ZIP	JUPITER FL
TITLE	PD
NAME	CHAREST, LARRY
STREET ADDRESS	109A HALF MOON CIRCLE
CITY - ST - ZIP	JUPITER FL
TITLE	D
NAME	LEMLEY, WILLIAM
STREET ADDRESS	107B HALF MOON CIR.
CITY - ST - ZIP	JUPITER FL
TITLE	SD
NAME	ETCHELLS, CHARLES H
STREET ADDRESS	105D HALF MOON CIRCLE
CITY - ST - ZIP	JUPITER FL
TITLE	VD
NAME	DEIFENBACH, JOHN (
STREET ADDRESS	102-B HALFMoon CIRCLE
CITY - ST - ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	CHARLOT LARRY
2.4 CITY - ST - ZIP	109A HALF MOON CIRCLE
	JUPITER, FL 33458-7667
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	BONNIE RUSSELL
5.4 CITY - ST - ZIP	109C HALF MOON CIR
	JUPITER, FL 33458-7667
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.07(2)(b), 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.

SIGNATURE: Charles H Etchells 1/18/95 407-747-0850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #