

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769092 (8)

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



Principal Place of Business: 109C HALF MOON CIR. JUPITER FL 33458-7667 US  
Mailing Address: BOX 110E HALF MOON CIRCLE JUPITER FL 33468-7066 US

3. Date Incorporated or Qualified: 06/24/1983  
3a. Date of Last Report: 02/13/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	65-0270127		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
30	Country					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ETCHELLS, CHARLES H 105D HALF MOON CIRCLE JUPITER FL 33458		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Change Addition
NAME	STROUP, LORRAINE	1.2 NAME	
STREET ADDRESS	102C HALF MOON CIR.	1.3 STREET ADDRESS	TD ELLIS, MARK H
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	103B HALF MOON CIRCLE
TITLE	VD	2.1 TITLE	Change Addition
NAME	LARRY, CHARLES T.	2.2 NAME	
STREET ADDRESS	109A HALF MOON CIRCLE	2.3 STREET ADDRESS	JUPITER, FL
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	LEMLEY, WILLIAM	3.2 NAME	
STREET ADDRESS	107B HALF MOON CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Change Addition
NAME	ETCHELLS, CHARLES H	4.2 NAME	
STREET ADDRESS	105D HALF MOON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	Change Addition
NAME	RUSSELL, BONNUE	5.2 NAME	
STREET ADDRESS	109C HALF MOON CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(k), 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: *Mark H Ellis - Treasurer* 2/1/1996 407694-4144  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E037 (12/95)