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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 105D 109C HALF MOON CIR. JUPITER FL 33458-7667 US  
Mailing Address: BOX 110E HALF MOON CIRCLE JUPITER FL 33468-0110 US

3. Date Incorporated or Qualified: 06/24/1983  
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business: 105-D HALF MOON CIRCLE, JUPITER, FL 33458, US  
2a. Mailing Address: BOX 110E HALF MOON CIRCLE, JUPITER, FL 33468, US

4. FEI Number: 65-0270127  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, MARK H.	
STREET ADDRESS	103 B HALF MOON CIRCLE	
CITY - ST - ZIP	JUPITER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LARRY, CHARLES T.	
STREET ADDRESS	109A HALF MOON CIRCLE	
CITY - ST - ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMLEY, WILLIAM	
STREET ADDRESS	107B HALF MOON CIR.	
CITY - ST - ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ETCHELLE, CHARLES H	
STREET ADDRESS	105D HALF MOON CIRCLE	
CITY - ST - ZIP	JUPITER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, BONNUE	
STREET ADDRESS	109C HALF MOON CIR	
CITY - ST - ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ETCHELLE, CHARLES H.	
1.3 STREET ADDRESS	105-D HALF MOON CIRCLE	
1.4 CITY - ST - ZIP	JUPITER, FL 33458	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BECKMAN, CHERYL	
2.3 STREET ADDRESS	104-A HALF MOON CIRCLE	
2.4 CITY - ST - ZIP	JUPITER, FL 33458	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FROCHETTE, GARY	
4.3 STREET ADDRESS	104B HALF MOON CIRCLE	
4.4 CITY - ST - ZIP	JUPITER, FL 33458	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN DIEBACH, JOHN	
5.3 STREET ADDRESS	102-B HALF MOON CIRCLE	
5.4 CITY - ST - ZIP	JUPITER, FL 33458	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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. Etchelle* CHARLES H. ETCHELLE 4/22/97 561-747-0830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044167

CR2E037 (9/96)