

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2a. Mailing Address

**21 105-D HALF MOON CIRCLE**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22 105-D HALF MOON CIRCLE**  
City & State

**27**  
City & State

**23 JUPITER, FL**  
Zip

**28**  
Zip

**24 33458** **25 US**

**29** **30**

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

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

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 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

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

(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	ETCHELLS, 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	ETCHELLS, 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	FRECHETTE, 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 DIETZBACH, 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. Etchells** **CHARLES H. ETCHELLS** 4/22/97 561-747-0820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044167

CR2E037 (9/96)