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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 105-D HALF MOON CIRCLE JUPITER FL 33458-7667 US	Mailing Address BOX 110E HALF MOON CIRCLE JUPITER FL 33468-7066 US
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3. Date Incorporated or Qualified 06/24/1983		
4. FEI Number 65-0270127	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 102-B Half Moon Circle 110E	2a. Mailing Address SAME		
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.		
22. City & State Jupiter FL	27. City & State SAME		
23. Zip 33458	Country Palm Beach	29. Zip SAME	30. Country SAME

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	
B1. Name	John (Jack) Diefenbach		
B2. Street Address (P.O. Box Number is Not Acceptable)	102-B Half Moon Circle		
B3.			
B4. City	Jupiter	B5. Zip Code	FL 33458

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: *John C. Diefenbach* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETCHELLS, CHARLES H	1.2 NAME	Larry Charest
STREET ADDRESS	105-D HALF MOON CIRCLE	1.3 STREET ADDRESS	109-A Half Moon Circle
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter FL 33458
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKMAN, CHERYL	2.2 NAME	Mark Ellis
STREET ADDRESS	104-A HALF MOON CIRCLE	2.3 STREET ADDRESS	103-B Half Moon Circle
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter FL 33458
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMLEY, WILLIAM	3.2 NAME	Paula Couch
STREET ADDRESS	107B HALF MOON CIR.	3.3 STREET ADDRESS	110-A Half Moon Circle
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Jupiter FL 33458
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRECHETTE, GARY	4.2 NAME	Shirley Godouse
STREET ADDRESS	104-B HALF MOON CIRCLE	4.3 STREET ADDRESS	109-B Half Moon Circle
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Jupiter FL 33458
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DIEFENBACH, JOHN	5.2 NAME	
STREET ADDRESS	102-B HALF MOON CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Matthew S. Thompson* 4-15-98 694-4144

CP2E037 (10/97)