


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90169 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769092

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

Principal Place of Business 110E HALF MOON CIR JUPITER FL 33458-7667 US	Mailing Address 110E HALFMOON CIR JUPITER FL 33468-7066 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 06/24/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0270127
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DIEFENBACH, JOHN 102-B HALF MOON CIR JUPITER FL 33458	10. Name and Address of New Registered Agent 81 Name MARK H ELLIS 82 Street Address (P.O. Box Number is Not Acceptable) 103 B HALF MOON CIRCLE 83 JUPITER 84 City JUPITER FL 85 Zip Code 33458
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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 Mark H Ellis **MARK H ELLIS** DATE **3/13/99**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE <input type="checkbox"/> DELETE	VP <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAREST, LARRY	1.2 NAME	
STREET ADDRESS	109-A HALF MOON CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	T <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, MARK	2.2 NAME	
STREET ADDRESS	103-B HALF MOON CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, PAULA	3.2 NAME	SD
STREET ADDRESS	110-A HALF MOON CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODOUSE, SHIRLEY	4.2 NAME	
STREET ADDRESS	109-B HALF MOON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FO 33458	4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BREEMER VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEFENBACH, JOHN	5.2 NAME	Bull Lemley
STREET ADDRESS	102-B HALF MOON CIRCLE	5.3 STREET ADDRESS	103 B HALF MOON CIRCLE-107B
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	Jupiter, FL 33458
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, with all other like empowered.

SIGNATURE: Mark H Ellis **MARK H ELLIS** DATE **3/13/99** DAYTIME PHONE # **746 3929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)