

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90133 019 \*\*\*\*61.25

**DOCUMENT # 769092**

1. Entity Name

**INDIAN CREEK PHASE IV A HOMEOWNERS ASSOCIATION,**

Principal Place of Business

110E HALF MOON CIR  
 JUPITER FL 33458-7667  
 US

Mailing Address

110E HALFMOON CIR  
 JUPITER FL 33468-7066  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0270127**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, MARK H**  
**103 B HALF MOON CIR**  
**JUPITER FL 33458**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAREST, LARRY</b> <b>109-A HALF MOON CIR</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ELLIS, MARK</b> <b>103-B HALF MOON CIR</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>COUCH, PAULA</b> <b>110-A HALF MOON CIR</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VASQUEZ, CHUNK</b> <b>101A HALF MOON CIRCLE</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete <i>Spelling</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANGLEY, BILL</b> <b>107 B HALF MOM CIRCLE</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete <i>Wrong Spelling</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MRS SUSAN BENEDECT</b> <b>103C HALF MOON CIR</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VASQUEZ, CHUNK</b> <b>101A HALF MOON CIRCLE</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANGLEY, BILL</b> <b>107 B HALF MOM CIRCLE</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mark H Ellis*  
**MARK H ELLIS**  
 2/1/2001

Date

Daytime Phone #

**561 746 3929**

CR2E037 (10/00)