

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90013 036 ****61.25

DOCUMENT # 769092

1. Entity Name

INDIAN CREEK PHASE IV A HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

110E HALF MOON CIR
 JUPITER FL 33458-7667
 US

110E HALFMOON CIR
 JUPITER FL 33468-7066
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0270127

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | CHAREST, LARRY | |
| STREET ADDRESS | 109-A HALF MOON CIR | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ELLIS, MARK | |
| STREET ADDRESS | 103-B HALF MOON CIR | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BENEDICT, SUSAN | |
| STREET ADDRESS | 103 C HALF MOON CIRCLE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | VP P | <input type="checkbox"/> Delete |
| NAME | VASQUEZ, CHUNK | |
| STREET ADDRESS | 101 A HALF MOON CIRCLE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEMLEY, BILL | |
| STREET ADDRESS | 107 B HALF MOM CIRCLE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | DENNIS MOORE D | <input type="checkbox"/> Delete |
| NAME | DENNIS MOORE D | |
| STREET ADDRESS | 104C HALF MOON CIRCLE | |
| CITY-ST-ZIP | JUPITER, FL | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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* **Treasurer/Secretary** 4/24/2002 746-3929

CR2E037 (9/01)