

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90065 030 ****61.25

DOCUMENT # 769092

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212004 Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0270127

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **ELLIS, MARK**
CITY-ST-ZIP **103-B HALF MOON CIR
JUPITER, FL 33458**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **VASQUEZ, CHUNK**
CITY-ST-ZIP **101 A HALF MOON CIRCLE
JUPITER, FL 33458**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LEMLEY, BILL**
CITY-ST-ZIP **107 B HALF MOM CIRCLE
JUPITER, FL 33458**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, DENNIS**
CITY-ST-ZIP **104 E HSLE MOON CIRCLE
JUPITER, FL 33458**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CONCH, PAULA**
CITY-ST-ZIP **110 HALFMOON CIR
JUPITER, FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **CATNY SPIEL**
CITY-ST-ZIP **107 B HALF MOON CIRCLE
JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition
NAME **B**
STREET ADDRESS **SHIRLEY GODOUSE**
CITY-ST-ZIP **109 B HALF MOON CIRCLE
JUPITER, FL 33458**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **104C HALFMOON CIRCLE**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **CONCH, Paula**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2004

Date

561-691-2726

Daytime Phone #