2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #769092

INDIÁN CREEK PHASE IV A HOMEOWNERS ASSOCIATION, INC.



FILED

Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90228 022 ****61.25

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Principal Place of Business 110E HALF MOON CIR JUPITER, FL 33458-7667 US		Mailing Address 110E HALFMOON CIR JUPITER, FL 33468-7066 US					140			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				04172005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State				4. FEI Numbe 65-0270				Applied For
Zip	Country	Zip	Cou	Country		5. Certificate	of Status Desired	0	\$8.75 A	ditional
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New	Registered	d Agent	
ÉLLIS, MA	ייי יייי			Name				•		
103 B HAL	LF MOON CIR FL 33458			Street Address (P.O. Box Number is Not Acceptable)					- •	
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	<u>. </u>			City				F	- ;	
8. The above the obligation	e named entity submits this statement factions of registered agent.	for the purpose of changing its	register	ed office o	r registere	ed agent, or bot	h, in the State of F	lorida. I ar	n familiar with	n, and accept
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SIGNATURE		nt and title if applicable (NOTE	- Bagistera	d Anent signat	Tire securitael	uduan reservatura)	· · · · · · · · · · · · · · · · · · ·	DATE		·····
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registere	d Agent signat	ure required v	when rematating)		DATE		· · ·
		nt and title if applicable. (NOTE 9. Election Can Trust Fund C	npaign F	папсing		\$5.00 May B		Make che	ck payable	
	Signature, typed or printed name of registered agen	9. Election Can Trust Fund C	npaign F	папсing		\$5.00 May B Added to Fees	Flo	Make che orida Dep	ertment of	State
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITEF

NAME

SIGNATURE:

JUPITER, FL 33458

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

Change

☐ Addition