

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769092

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: INDIAN CREEK PHASE IV A HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

110E HALF MOON CIR  
JUPITER, FL 334587667 US

**New Principal Place of Business:**

**Current Mailing Address:**

110E HALFMOON CIR  
JUPITER, FL 334687066 US

**New Mailing Address:**

FEI Number: 65-0270127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIELDS, GARY D ATTY  
4400 PGA BLVD  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HAGER, DEBBI  
Address: 102 B HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: COCO, JOAN  
Address: 106 B HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: GODOUSE, SHIRLEY  
Address: 109 B HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: PD ( ) Delete  
Name: MAGNUSON, BEV  
Address: 103 B HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: SD (X) Delete  
Name: COVEL, NANCY  
Address: 110 B HALFMOON CIR  
City-St-Zip: JUPITER, FL 33458

Title: D (X) Delete  
Name: REILING, RUTH  
Address: 104 A HALF MOON CR  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: HAGER, DEBBI N  
Address: 102 B HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: VP (X) Change ( ) Addition  
Name: COCO, JOAN  
Address: 106 B HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: SD (X) Change ( ) Addition  
Name: CHAREST, MAXINE  
Address: 109 A HALF MOON CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBI N HAGER

TD

04/21/2008

Electronic Signature of Signing Officer or Director

Date