

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769094

FILED
Feb 15, 2009
Secretary of State

Entity Name: INDIAN CREEK PHASE V HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

PO BOX 8074
JUPITER, FL 334688074

New Principal Place of Business:

106 STILLWATER CIRCLE
JUPITER, FL 33458

Current Mailing Address:

PO BOX 8074
JUPITER, FL 334688074

New Mailing Address:

P O BOX 8074
JUPITER, FL 334688074

FEI Number: 59-2552629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF PA
ATTN: PETER C MOLLENGARDEN
500 AUSTRALIAN AVE SOUTH 9TH FLOOR
WEST PALM BEACH, FL 33401 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: COLE, BARBARA L
Address: 106 STILLWATER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: PD () Delete
Name: EISENBERG, STEVEN R
Address: 136 STILLWATER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: VD () Delete
Name: ROONEY, JAMES W
Address: 135 STILLWATER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: NOBLE, CHERYL
Address: 133 STILLWATER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: BOITSCHENKO, VIRGINIA
Address: 134 STILLWATER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: MAJERCIK, STEVEN
Address: 156 STILLWATER CIRCLE
City-St-Zip: JUPITER, FL 33458

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: BARBARA L COLE

DT

02/15/2009

Electronic Signature of Signing Officer or Director

Date