

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:41

DOCUMENT # **N02838 (3)**

1. Corporation Name
INDIAN CREEK PARK RESIDENTS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
17340 SAN CARLOS BOULEVARD **17340 SAN CARLOS BOULEVARD**
FORT MYERS BEACH FL 33931 **FORT MYERS BEACH FL 33931**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/01/1984 **05/01/1994**

4. FEI Number Applied For
59-2338863 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEMANS, DON
17340 SAN CARLOS BOULEVARD
FORT MYERS BEACH FL 33931

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEMANS, DON
STREET ADDRESS	17340 SAN CARLOS BOULEVARD
CITY- ST- ZIP	FORT MYERS BEACH FL
TITLE	VD
NAME	STEEVES, HORACE M.
STREET ADDRESS	17340 SAN CARLOS BOULEVARD
CITY- ST- ZIP	FORT MYERS BEACH FL
TITLE	TD
NAME	SCOTT, RICHARD
STREET ADDRESS	17340 SAN CARLOS BOULEVARD
CITY- ST- ZIP	FORT MYERS BEACH FL
TITLE	SD
NAME	CARPENTER, MARY JANE
STREET ADDRESS	17340 SAN CARLOS BOULEVARD
CITY- ST- ZIP	FORT MYERS BEACH FL
TITLE	VD
NAME	YOUNG, VY
STREET ADDRESS	17340 SAN CARLOS BOULEVARD
CITY- ST- ZIP	FORT MYERS BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD VEREECKE, MOE
3.3 STREET ADDRESS	17340 SAN CARLOS BLVD.
3.4 CITY- ST- ZIP	FORT MYERS BEACH FL, 33931
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Don Semans
Typed and printed name of signing officer or director

2/19/96 817 466-8283