

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02838 (3)
1. Corporation Name
INDIAN CREEK PARK RESIDENTS' ASSOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/01/1984	03/08/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2338863	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	STEEVES, HORACE M.		
				82 Street Address (P.O. Box Number is Not Acceptable)	17340 San Carlos #1139		
				83	Ft. Myers Beach, Fl 33931		
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Horace M. Steeves* DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEMANS, DON		1.2 NAME	Steeves, Horace M.			
STREET ADDRESS	17340 SAN CARLOS BOULEVARD		1.3 STREET ADDRESS	17340 San Carlos #1139			
CITY-ST-ZIP	FORT MYERS BEACH FL		1.4 CITY-ST-ZIP	Ft. Myers Beach, Fl 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEEVES, HORACE M.		2.2 NAME	Carpenter, Mary Jane			
STREET ADDRESS	17340 SAN CARLOS BOULEVARD		2.3 STREET ADDRESS	17340 San Carlos #287			
CITY-ST-ZIP	FORT MYERS BEACH FL		2.4 CITY-ST-ZIP	Ft. Myers Beach, Fl 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERECKE, MOE		3.2 NAME	Roche, Jack			
STREET ADDRESS	17340 SANCARLOS BLVD.		3.3 STREET ADDRESS	17340 San Carlos #466			
CITY-ST-ZIP	FORT MYERS BEACH FL		3.4 CITY-ST-ZIP	Ft. Myers Beach, Fl 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARPENTER, MARY JANE		4.2 NAME	Pryer, Betty A			
STREET ADDRESS	17340 SAN CARLOS BOULEVARD		4.3 STREET ADDRESS	17340 San Carlos #621			
CITY-ST-ZIP	FORT MYERS BEACH FL		4.4 CITY-ST-ZIP	Ft. Myers Beach, Fl 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, VY		5.2 NAME	Burt, Bob			
STREET ADDRESS	17340 SAN CARLOS BOULEVARD		5.3 STREET ADDRESS	17340 San Carlos #283			
CITY-ST-ZIP	FORT MYERS BEACH FL		5.4 CITY-ST-ZIP	Ft Myers Beach, Fl 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 under Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *HM Steeves* DATE: *4/5/96* Daytime Phone: _____

CR2E037 (12/95)

Handwritten initials and date