

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33931-5359 US
---	--

3. Date Incorporated or Qualified 05/01/1984	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2338863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**STEEVES, HORACE M
17340 SAN CARLOS BOULEVARD
#1139
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEVES, HORACE M	1.2 NAME	
STREET ADDRESS	17340 SAN CARLOS #1139	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, MARY JANE	2.2 NAME	
STREET ADDRESS	17340 SAN CARLOS #287	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, JACK	3.2 NAME	
STREET ADDRESS	17340 SAN CARLOS #466	3.3 STREET ADDRESS	17340 SAN CARLOS # 446
CITY-ST-ZIP	FT MYERS BEACH FL 33931	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYER, BETTY A	4.2 NAME	
STREET ADDRESS	17340 SAN CARLOS #621	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, BOB	5.2 NAME	
STREET ADDRESS	17340 SAN CARLOS #283	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)