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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified
05/01/1984
4. FEI Number **59-2338863** Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **POWELL, GORDON**
82 Street Address (P.O. Box Number is Not Acceptable) **17340 SAN CARLOS BOULEVARD
#298**
83 City **FORT MYERS BEACH FL** 85 Zip Code **33931**

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 *[Signature]* **J.G. POWELL** DATE **31 MAR 98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEEVES, HORACE M	
STREET ADDRESS	17340 SAN CARLOS #1139	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, MARY JANE	
STREET ADDRESS	17340 SAN CARLOS #287	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROCHE, JACK	
STREET ADDRESS	17340 SAN CARLOS, #446	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRYER, BETTY A	
STREET ADDRESS	17340 SAN CARLOS #621	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURT, BOB	
STREET ADDRESS	17340 SAN CARLOS #283	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POWELL, GORDON	
1.3 STREET ADDRESS	17340 SAN CARLOS BL. #298	
1.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	
2.2 NAME	PRYER, BETTY	
2.3 STREET ADDRESS	17340 SAN CARLOS #621	
2.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	TD	
3.2 NAME	CAMPAGNOLA, GINO	
3.3 STREET ADDRESS	17340 SAN CARLOS #835	
3.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILKINS, CLAIRE	
4.3 STREET ADDRESS	17340 SAN CARLOS #715	
4.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	VD	
5.2 NAME	MICHALAK, HARRY	
5.3 STREET ADDRESS	17340 SAN CARLOS #374	
5.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* **GINO CAMPAGNOLA** **mar 6/98** **941-454-0420**

CR2E037 (10/97)