

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 12, 2006
Secretary of State**

DOCUMENT# N02838

Entity Name: INDIAN CREEK PARK RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

17340 SAN CARLOS BOULEVARD
FORT MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

596 SIOUX
FORT MYERS BEACH, FL 33931 US

New Mailing Address:

FEI Number: 59-2338863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTEN, HERB PRES
664 CHIPPEWA TRAIL
FORT MYERS BEACH, FL 33931 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: T () Delete
Name: PETERSON, AUDREY E
Address: 765 CHIPPEWA TRAIL
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: BURNS, BARBARA
Address: 905 ARAPAHO
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: WEST, PETER
Address: 616 SENECA
City-St-Zip: FT MYERS BEACH, FL 33931

Title: S () Delete
Name: DEVOSS, ROBERTA
Address: 596 SIOUX
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: BOON, PETER
Address: 841 ARAPAHO
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP () Delete
Name: CROWLEY, JOHN
Address: 188 TUSCARORA
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BURNS, BARBARA
Address: 503 RED DEER
City-St-Zip: FORT MYERS BEACH, FL 33931

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

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

Title: D (X) Change () Addition
Name: HOWELL, CHARLES
Address: 483 QUAPAW
City-St-Zip: FORT MYERS BEACH, FL 33931

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDREY PETERSON

T

03/12/2006

Electronic Signature of Signing Officer or Director

Date