

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02838

FILED
Mar 03, 2007
Secretary of State

105

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: 503 RED DEER
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: HOWELL, CHARLES
Address: 483 QUAPAW
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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 E. PETERSON

T

03/03/2007

Electronic Signature of Signing Officer or Director

Date

Record corrected 3/28/07 per conversation w/ Audrey Peterson, AD.

850-245-6011
Andy

**Division of Corporations****Annual Report****Annual Report Help**

Document Number

N02838

Business Entity Name

INDIAN CREEK PARK RESIDENTS' ASSOCIATION, INC.

FEI Number

592338863

FEI Number Status

☒ Listed Above ☒ Applied For ☒
Not Applicable

Certificate of Status Desired

☒ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund
Contribution☒ Yes ☒ No**Principal Place of Business**

Address

17340 SAN CARLOS BOULEVARD

Suite, Apt. #, etc.

City, State

FORT MYERS BEACH**FL**

Zip Code & Country

33931**US****Mailing Address**

Address

596 SIOUX

Suite, Apt. #, etc.

City, State

FORT MYERS BEACH**FL**

Zip Code & Country

33931**US****Name and Address of Registered Agent**Name (Last, First, Middle,
Title)**CROWLEY****JOHN****PRES****- OR -**

Business to serve as RA

Address (PO Box is not
acceptable)**188 TUSCARORA TR.**

Suite, Apt. #, etc.

Revised 2005

City, State FORT MYERS BEACH, FL
Zip Code & Country 33931 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

AUDREY PETERSON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title (s), name, and address on an attachment.

Title T
Name (Last, First, Middle, Title) PETERSON
AUDREY E
- OR -
Entity Name to serve as Officer/Director _____
Street Address 765 CHIPPEWA TRAIL
City, State FORT MYERS BEACH,
FL
Zip Code & Country 33931 _____
Title D
Name (Last, First, Middle, Title) ROUSSEAU
LEO
- OR -
Entity Name to serve as Officer/Director _____
Street Address 329 WINNEBAGO

P. 03 of 5

City, State FORT MYERS BEACH
FL
Zip Code & Country 33931
Title D
Name (Last, First, Middle, Title) WEST
PETER

- OR -

Entity Name to serve as Officer/Director

Street Address 703 CHIPPEWA TR.
City, State FT MYERS BEACH
FL
Zip Code & Country 33931

Title S
Name (Last, First, Middle, Title) DEVOSS
ROBERTA

- OR -

Entity Name to serve as Officer/Director

Street Address 596 SIOUX
City, State FORT MYERS BEACH
FL
Zip Code & Country 33931

Title D
Name (Last, First, Middle, Title) POLEHANKI
FRANK

- OR -

Entity Name to serve as Officer/Director

Street Address 1141 CHINOOK
City, State FORT MYERS BEACH

Zip Code & Country	FL 33931
Title	VP
Name (Last, First, Middle, Title)	QUATAERT PHIL
- OR -	
Entity Name to serve as Officer/Director	
Street Address	198 TUSCARORA TR.
City, State	FORT MYERS BEACH FL
Zip Code & Country	33931

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	T
Officer/Director Signature	AUDREY PETERSON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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