

105

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02838

FILED
Mar 03, 2007
Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

17340 SAN CARLOS BOULEVARD
FORT MYERS BEACH, FL 33931 US

Current Mailing Address:

New Mailing Address:

596 SIOUX
FORT MYERS BEACH, FL 33931 US

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OTTEN, HERB PRES
664 CHIPPEWA TRAIL
FORT MYERS BEACH, FL 33931 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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

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

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

Title: VP () Delete
Name: CROWLEY, JOHN
Address: 188 TUSCARORA
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 E. PETERSON

T

03/03/2007

Electronic Signature of Signing Officer or Director

Date

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

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

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

Mailing Address

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

Suite, Apt. #, etc.

Rec'd 2/20/05

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

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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
 Title
 Name (Last, First, Middle, Title)

 - OR -
 Entity Name to serve as Officer/Director
 Street Address
 City, State

 Zip Code & Country

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
 Officer/Director Signature

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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