

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012929

FILED
Apr 17, 2009
Secretary of State

Entity Name: VILLAGES AT INDIAN CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

274 CHIPOLA COVE
DESTIN, FL 32541

New Principal Place of Business:

209 BAYWIND DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

274 CHIPOLA COVE
DESTIN, FL 32541

New Mailing Address:

209 BAYWIND DRIVE
NICEVILLE, FL 32578

FEI Number: 20-8401951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEAT, DAVID B ESQ.
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541 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: PD () Delete
Name: BURKE, JOHN T JR.
Address: 209 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VPST () Delete
Name: BURKE, SEAN
Address: 274 CHIPOLA COVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: BURKE, SEAN
Address: 274 CHIPOLA COVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPST (X) Change () Addition
Name: BURKE, SEAN
Address: 209 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: BURKE, SEAN
Address: 209 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify 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: JOHN T BURKE

MGR

04/17/2009

Electronic Signature of Signing Officer or Director

Date