

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18030

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE VILLAGE AT INDIAN CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15400 RIVER VISTA DR
304
FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3608
N. FT. MEYERS, FL 339183608 US

New Mailing Address:

FEI Number: 59-2754532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JOANNE
15391 RIVER VISTA DR 501
NORTH FORT MYERS, FL 33917 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: DVP () Delete
Name: BOGEN, CAROL
Address: 15361 RIVER VISTA DR. #1001
City-St-Zip: N FT MYERS, FL 33917

Title: DVP () Delete
Name: O'BRIEN, JOANNE
Address: 15391 RIVER VISTA DR #501
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: P () Delete
Name: PROCH, JOHN
Address: 15400 RIVER VISTA DR 3030
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP () Delete
Name: SIMS, DORINDA
Address: 15361 RIVER VISTA DR #1002
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP () Delete
Name: FETTKETHER, BERNARD
Address: 15391 RIVER VISTA DR 503
City-St-Zip: NORTH FORT MYERS, FL 33917

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: DVP (X) Change () Addition
Name: BRODY, MICHAL
Address: 15411 RIVER VISTA DR #201
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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 PROCH

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date