

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27359**

1. Corporation Name

INDIAN CREEK PHASE VIII HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

264 Moccasin Trail
Jupiter, FL 33458

P.O. Box 7910
Jupiter, FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

July 11 1988

4. FEI Number

65-0066989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 City

25 County

28 City

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

B1 Name **RICHARD P. GUMSON**
B2 Street Address (P.O. Box Number is Not Applicable) **CHASEWOOD PLAYA - STE 30**
B3 **6390 INDIANTOWN RD.**
B4 City **JUPITER** FL B5 **33458**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as follows in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature] **RICHARD P. GUMSON**

4/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D
NAME	Ann Gulisano
STREET ADDRESS	302 Moccasin Trail West
CITY, ST, ZIP	Jupiter, FL 33458
TITLE	VP/D
NAME	Leatrice Schreiner
STREET ADDRESS	272 Moccasin Trail W.
CITY, ST, ZIP	Jupiter, FL 33458
TITLE	S/D
NAME	Karen Moffett
STREET ADDRESS	300 Moccasin Trail W.
CITY, ST, ZIP	Jupiter, FL 33458
TITLE	T/D
NAME	Stanley Kaplan
STREET ADDRESS	312 Moccasin Trail W.
CITY, ST, ZIP	Jupiter, FL 33458
TITLE	D
NAME	Ed Foley
STREET ADDRESS	286 Moccasin Trail W.
CITY, ST, ZIP	Jupiter, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600001477865
2.3 STREET ADDRESS	-05/05/95--01117--014
2.4 CITY, ST, ZIP	****135.00 ****134.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (17)(3)(A), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **Ann Gulisano, President**

4/24/95 **288-5205**