

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N27359 (1)

1. Corporation Name
INDIAN CREEK PHASE VIII HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 264 MOCCASIN TRAIL, JUPITER FL 33458, US
 Mailing Address: P.O. BOX 7910, JUPITER FL 33468

3. Date incorporated or Qualified: 07/11/1988
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 65-0066989
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country
 30.

9. Name and Address of Current Registered Agent
**GUMSON, RICHARD
 CHASEWOOD PLAZA STE. 30
 6390 INDIANTOWN ROAD
 JUPITER FL 33458.**

10. Name and Address of New Registered Agent
 81. Name: MARY L. KOLDRICK CPA
 82. Street Address (P.O. Box Number is Not Acceptable): 725 N. AIA STE E 206
 83.
 84. City: JUPITER FL
 85. Zip Code: 33477

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: Mary L. Koldrick DATE: 6/27/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULISANO, ANN	1.2 NAME	
STREET ADDRESS	302 MOCCASIN TRAIL W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFETT, KAREN	2.2 NAME	
STREET ADDRESS	300 MOCCASIN TRAIL WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33458	2.4 CITY - ST - ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREINER, LEATRICE	3.2 NAME	
STREET ADDRESS	272 MOCCASIN TRAIL W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, ED	4.2 NAME	
STREET ADDRESS	288 MOCCASIN TRAIL WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33458	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, STANLEY	5.2 NAME	
STREET ADDRESS	312 MOCCASIN TRAIL W.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 6/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)