FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N27359 DOCUMENT #

Mailing Address

INDIAN CREEK PHASE VIII HOMEOWNERS ASSOCIATION, INC.

P.O. BOX 7910 264 MOCCASIN TRAIL JUPITER FL 33468-7910 JUPITER FL 33458 3a. Date of Last Report 3. Date Incorporated or Qualified 07/11/1988 07/09/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0066989 Not Applicable 26 21 Suite, Apt. #, etc. SR 75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zip Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KOUTHICK urry KOLDRICK, MARY L Street Address (P.O. Box Number is Not Acceptable) 82 725 N AIA STE E206 83 6390 INDIANTOWN ROAD JUPITER FL 33458 City 84 WPITER 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 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. L. DELETE Change Addition DIRECTOR PD 1.1 TIYLE TETLE **GULISANO, ANN** 1.2 NAME NAME 302 MOCCASIN TRAIL W. 1.3 STREET ADDRESS STREET ADDRESS Jupiter Fl 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE MOFFETT, KAREN 22 NAME NAME 300 MOCCASIN TRAIL WEST 2.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE SCHREINER, LEATRICE 3.2 NAME NAME 272 MOCCASIN TRAIL W. 3.3 STREET ADDRESS STREET ADDRESS JUPITER FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE KAPLAN, STANLEY 4. 2 NAME NAME 312 MOCCASIN TRAIL W. 4.3 STREET ADDRESS STREET ADDRESS JUPITER FL 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME ADKIN, EDWARD **5.3 STREET ADDRESS** 120 PALOMINO DR STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP JUPITER. FL Addition Change DELETE 6.1 TITLE TITUE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Daytime Phone # 0044211

FILED

Feb 12 1997 8:00am

Secretary of State