

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Kathérine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 MAY-4 AM 9:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # IN 27359

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

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	JUPITER, FL	28	JUPITER, FL
24	Zip 33458	29	Zip 33458
25	Country USA	30	Country USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
	65-0066989	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	ALAN PIECEWICZ
82 Street Address (P.O. Box Number is Not Acceptable)	PRIDE PROPERTY MANAGEMENT
83	111 EGRET DRIVE
84 City	JUPITER FL
85 Zip Code	33458

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 ALAN PIECEWICZ Alan Piecewicz 4/13/99
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ED LEARY	
STREET ADDRESS	310 MOCCASIN TR. WEST	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VP D	<input type="checkbox"/> DELETE
NAME	ED ADKIN	
STREET ADDRESS	120 PALOMINO DR.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAREN MOFFETT	
STREET ADDRESS	300 MOCCASIN TR. W.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DON MUEHL	
STREET ADDRESS	103 ADOBE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	800002874678-4
13 STREET ADDRESS	-05/13/99 -01115 -008
14 CITY-ST-ZIP	*****61.25 *****61.25
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Ed Leary Pres. 4-16-99 561-743 0241
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)