

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0053854

03-26-2001 90046 050 \*\*\*\*61.25

**DOCUMENT # N27359**  
 1. Entity Name  
**INDIAN CREEK PHASE VIII HOMEOWNERS ASSOCIATION.**

Principal Place of Business      Mailing Address  
**C/O PRIDE PROPERTY MANAGEMENT**      **C/O PRIDE PROPERTY MANAGEMENT**  
**111 EGRET DRIVE**      **111 EGRET DRIVE**  
**JUPITER FL 33458**      **JUPITER FL 33458**  
**US**      **US**

1 0 0 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0066989**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PIECEWICZ, ALAN**  
**C/O PRIDE PROPERTY MANAGEMENT**  
**111 EGRET DRIVE**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MOFFETT, KAREN</b> <b>300 MOCCASIN TRAIL WEST</b> <b>JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEARY, ED</b> <b>310 MOCCASIN TRAIL WEST</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ADKIN, ED</b> <b>120 PALOMINO DRIVE</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MUEHL, DON</b> <b>103 ADOBE CIRCLE</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GIACONE FRANK</b> <b>108 PALOMINO DRIVE</b> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TD</b> <b>BROADWELL JACE</b> <b>120 ADOBE CIRCLE</b> <b>JUPITER, FL 33458</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MEYBURG, BEN</b> <b>110 PALOMINO DRIVE</b> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLAPRETE, LINDA</b> <b>263 MOCCASIN TRAIL W.</b> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernhard E. Meyburg      **BERNHARD E. MEYBURG**      3/23/01      7440344  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)