


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90298 021 \*\*\*\*61.25

**DOCUMENT # N27359**

1. Entity Name  
**INDIAN CREEK PHASE VIII HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 264 MOCCASIA TRAIL W  
 JUPITER, FL 33458 US

Mailing Address  
 PO BOX 1129  
 JUPITER, FL 33458 US

00051118



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

05032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0066989**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PIECEWICZ, ALAN**  
 2015 SE ISABELL ROAD  
 PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent  
 Name **Gassmann Kathleen A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**601-A Pinecrest Circle**  
 City **Jupiter** FL Zip Code **33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathleen A. Gassmann*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIACCONE, URSULA 108 PALOMINO DR JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROADWELL, JACK 120 ADOBE CIRCLE JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYBURG, BEN 110 PALOMINO DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKIN, BARBARA 120 PALOMINO DR JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIBLE, DOLORES 126 PALOMINO DR JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENEWEAVER, JOHN 310 MOCCASIN TR WEST JUPITER, FL 33958 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *Barbara A. Adkin* 5/3/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #