

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 018 ****61.25

DOCUMENT # N33977

1. Entity Name
**INDIAN CREEK GOLF VILLAS UNIT II CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O GULF SHORES CAM ,INC
76 PONDELLA RD STE 201
NORTH FORT MYERS, FL 33903 US**

Mailing Address
**C/O GULF SHORES CAM ,INC
76 PONDELLA RD STE 201
NORTH FORT MYERS, FL 33903 US**



04132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0014742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAPOSTA, RICHARD L
76 PONDELLA RD STE 201
NORTH FORT MYERS, FL 33903**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SCHULIEN, WALLACE
15760 RIVERBEND BLVD. #408
N FT MYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GARRETT, IRIS
15180 RIVERBEND BLVD. #305
N FT MYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MCKINNON, HARRY
15160 RIVERBEND BLVD #410
NORTH FORT MYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

IRIS GARRETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/07
Date

239-997-8114
Daytime Phone #