

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90065 017 ****61.25

DOCUMENT # N50077

1. Entity Name

INDIAN CREEK SWIM & TENNIS CLUB, INC.



Principal Place of Business

2041 S CENTRAL BLVD.
JUPITER, FL 33458 US

Mailing Address

1930 COMMERCE LN
JUPITER, FL 33458 US



02102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0348366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, GARY
4400 PGA BLVD
SUITE 700
PALM BEACH GARDENS, FL 33410

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COUCH, PAULA
STREET ADDRESS 110 A HALF MOON CIRCLE
CITY-ST-ZIP JUPITER, FL 33458

TITLE P
NAME KLETT, STANLEY
STREET ADDRESS 109 ARROWHEAD CIRCLE
CITY-ST-ZIP JUPITER, FL 33458

TITLE D
NAME AMANTE, JANE
STREET ADDRESS 109 BRIER CIR
CITY-ST-ZIP JUPITER, FL 33458

TITLE VPT
NAME GIANNINI, JOHN
STREET ADDRESS 270 BRIER CIRCLE
CITY-ST-ZIP JUPITER, FL 33458

TITLE S
NAME SCZUREK, ROSE
STREET ADDRESS 108 RAINTREE TRL
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *John J. Giannini Treasurer (JOHN J. GIANNINI)* 2/19/08 561-744-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #