
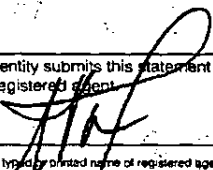
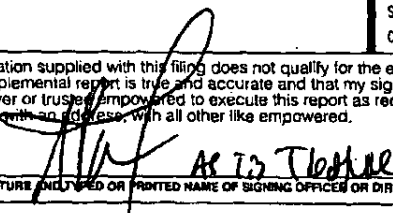


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/13

FILED
Jun 22, 2004 8:00 am
Secretary of State

05-13-2004 90011 046 ****61.25

DOCUMENT # N51152 1. Entity Name INDIAN CREEK OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4057 INDIAN BAYOU NORTH DESTIN FL 32541		Mailing Address P.O. BOX 937 DESTIN FL 32540			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3150483	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, JAMES C 4057-INDIAN BAYOU NORTH DESTIN FL 32541				7. Name and Address of New Registered Agent Name Steve Sametz Street Address (P.O. Box Number is Not Acceptable) 4041 INDIAN BAYOU N City Destin FL Zip Code 32541	
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  DATE 5/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	D COLE, BILL JR. 4081 INDIAN BAYOU NORTH DESTIN FL 32541 <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 DETTLE, JIM 4105 INDIAN BAYOU NORTH DESTIN FL 32541 <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 CHENEY, TERESA D. 4065 INDIAN BAYOU NORHT DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	State Carter SECRETARY 4075 INDIAN BAYOU N DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, JAMES C 4057 INDIAN BAYOU NORTH DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HARMAN PRESIDENT 4065 INDIAN BAYOU N DESTIN, FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUMS, DARLENE C. 4061 INDIAN BAYOU NORTH DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Stephen R. Sametz TREASURER 4041 INDIAN BAYOU N DESTIN FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 19.07(2)(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 517, 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:  DATE 5/1/04 850 593 0003 <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					