

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90269 031 \*\*\*\*61.25

**DOCUMENT # N99000006550**

1. Entity Name  
**INDIAN CREEK OSCEOLA COUNTY HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**1105 KENSINGTON PARK DRIVE  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**1105 KENSINGTON PARK DRIVE  
ALTAMONTE SPRINGS, FL 32714**



03182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3609048</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BECKETT, WILLIAM A  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801**

**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, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MANDELL, ROBERT A
STREET ADDRESS	1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	D
NAME	CONLEY, HAMTON P
STREET ADDRESS	1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	D
NAME	SNYDER, SIMON
STREET ADDRESS	1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/04 407-869-0300**  
Date Daytime Phone #