

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90014 015 ****61.25

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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

400430



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3609048

Applied For

Not Applicable

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, 2006**

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
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

407 869 0300

Daytime Phone #