2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006550

FILED Apr 16, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1105 KENSINGSTON PARK DRIVE 2583 ONEIDA LOOP ALTAMONTE SPRINGS, FL 32714 KISSIMMEE, FL 34747

Current Mailing Address: New Mailing Address:

1105 KENSINGSTON PARK DRIVE 2583 ONEIDA LOOP ALTAMONTE SPRINGS, FL 32714 KISSIMMEE, FL 34747

FEI Number: 59-3609048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABRAHAMSEN, JOHN 7725 SIMON RIDGE CT KISSIMMEE, FL 34747 US

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.

SIGNATURE: JOHN ABRAHAMSEN 04/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name:MEYER, JOHNName:GILSON, KARENAddress:1105 KENSINGSTON PARK DRIVEAddress:P.O. BOX 386

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: WALKERSVILLE, MD 21793

Title: DVP () Delete Title: DVP (X) Change () Addition Name: ROWLETTE, ROBERT A JR. Name: CROFT, SARAH A

Address: 1105 KENSINGSTON PARK DRIVE Address: 2672 AUTUM CREEK
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: KISSIMMEE, FL 34747

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 DUGGAN, GREGORY A
 Name:
 BROWN, FRANCES

 Address:
 1105 KENSINGSTON PARK DRIVE
 Address:
 31270 POND VIEW DR

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 LEWES, DE 19958

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN GILSON DP 04/16/2007