

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 26, 2007
Secretary of State

DOCUMENT# N99000006550

Entity Name: INDIAN CREEK OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2583 ONEIDA LOOP
KISSIMMEE, FL 34747**New Principal Place of Business:**7725 SIMON RIDGE CT
KISSIMMEE, FL 34747**Current Mailing Address:**2583 ONEIDA LOOP
KISSIMMEE, FL 34747**New Mailing Address:**7725 SIMON RIDGE CT
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:**ABRAHAMSEN, JOHN
7725 SIMON RIDGE CT
KISSIMMEE, FL 34747 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GILSON, KAREN
Address: P.O. BOX 386
City-St-Zip: WALKERSVILLE, MD 21793

Title: DVP () Delete
Name: CROFT, SARAH A
Address: 2672 AUTUM CREEK
City-St-Zip: KISSIMMEE, FL 34747

Title: DST () Delete
Name: BROWN, FRANCES
Address: 31270 POND VIEW DR
City-St-Zip: LEWES, DE 19958

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: ABRAHAMSEN, JOHN
Address: 7725 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: DT (X) Change () Addition
Name: LARUSSA, LORICE
Address: 8086 ROARING CREEK
City-St-Zip: KISSIMMEE, FL 34747

Title: DS () Change (X) Addition
Name: MENTO, JULIE
Address: 5305 CHARLIN AVE
City-St-Zip: LAKE LAND, FL 339810

Title: D () Change (X) Addition
Name: DEVLIN, BRIAN
Address: 94 ANN MOSS WAY
City-St-Zip: LONDON, EN SE162TL EN

I hereby certify that the information supplied with this filing does not qualify 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

07/26/2007

Electronic Signature of Signing Officer or Director

Date