

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006550

FILED
May 02, 2008
Secretary of State

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

Current Principal Place of Business:

7725 SIMON RIDGE CT
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

7725 SIMON RIDGE CT
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 59-3609048 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: _____

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: ABRAHAMSEN, JOHN
Address: 7725 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

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

Title: DS () Delete
Name: MENTO, JULIE
Address: 5305 CHARLIN AVE
City-St-Zip: LAKE LAND, FL 33981

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

05/02/2008

Electronic Signature of Signing Officer or Director

Date