

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002084 (1)**

1. Corporation Name

**INDIAN POINT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% POB 3873  
LONGWOOD FL 32791

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LONGWOOD FL 32791

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3241931

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKETT, WILLIAM A  
215 N EOLA DR  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDELL, ROBERT A	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, STEVE	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	DELETE
NAME	SNYDER, SIMON D	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VENDITTI, ROBERT	
STREET ADDRESS	299 INDIAN POINT CIR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SGALLATA, LINDA	
STREET ADDRESS	282 INDIAN POINT CIR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROTHROCK, MARILYN	
STREET ADDRESS	309 INDIAN POINTE CIR	
CITY-ST-ZIP	KISSIMMEE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T D Casar Santos
3.3 STREET ADDRESS	4602 Osceola Pt. Trl.
3.4 CITY-ST-ZIP	Kissimmee, FL 34746
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD Dallas Tillman
4.3 STREET ADDRESS	301 Indian Point Circle
4.4 CITY-ST-ZIP	Kissimmee, FL 34746
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V D Robert Mogck
5.3 STREET ADDRESS	4706 Cheyenne Pt. Trl.
5.4 CITY-ST-ZIP	Kissimmee, FL 34746
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S D William McCann
6.3 STREET ADDRESS	4608 Prairie Pt. Blvd.
6.4 CITY-ST-ZIP	Kissimmee, FL 34746

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

(407) 869-0300

Daytime Phone #

CR2E037 (12/95)