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Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90011 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

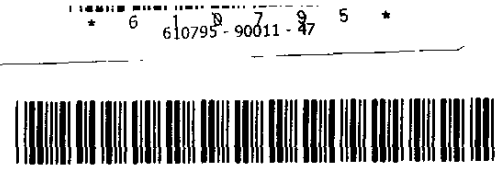


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002084

1. Corporation Name
INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: % POB 3873, LONGWOOD FL 32791
 Mailing Address: % POB 3873, LONGWOOD FL 32791



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
		04/22/1994
22	27	4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FEI Number
		59-3241931
23	28	5
City & State	City & State	Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
Zip	Zip	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BECKETT, WILLIAM A
 215 N EOLA DR
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, ROBERT A	1.2 NAME	
STREET ADDRESS	1105 KENSINGTON PARK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAR SANTOS	2.2 NAME	
STREET ADDRESS	4602 OSCEOLA PT TRL	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE F	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, SIMON D	3.2 NAME	
STREET ADDRESS	1105 KENSINGTON PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAS TILLMAN	4.2 NAME	
STREET ADDRESS	301 INDIAN POINT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MOGCK	5.2 NAME	
STREET ADDRESS	4706 CHEYENNE PT TRL	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MCCANN	6.2 NAME	
STREET ADDRESS	4608 PRAIRE PT BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____

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CR2E037 (1/98)