

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90156 023 ****61.25

DOCUMENT # N94000002084



1. Entity Name
INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
% POB 3873
LONGWOOD FL 32791

Mailing Address
5695 BEGGS ROAD
SUITE 100
ORLANDO FL 32810

10000770



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5695 BEGGS ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE B-100

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

4. FEI Number **59-3241931**

Applied For
Not Applicable

Zip Country
32810 U.S.A.

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTHERLAND, THERESA
5695 BEGGS ROAD
SUITE B-100
ORLANDO FL 32810

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTON, TONY	
STREET ADDRESS	246 INDIAN POINT CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LA ROCCO, FRANK	
STREET ADDRESS	2387 TOPAZ TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KISHAZY, CHRIS	
STREET ADDRESS	4604 OSCEOLA POINT TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLE, JANET	
STREET ADDRESS	293 INDIAN POINT CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM MCCANN	
STREET ADDRESS	4608 PRAIRE PT BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tony Morton*

4/15/03

407-296 0411

CR2E037 (10/02)