

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002084

**Entity Name:** INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

246 INDIAN POINT CIRCLE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

246 INDIAN POINT CIRCLE  
KISSIMMEE, FL 34746 US

**FEI Number:** 59-3241931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SGALLATA, LINDA MRS  
246 INDIAN POINT CIRCLE  
KISSIMMEE, FL 34746 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

**Officer/Director Detail :**

Title PD  
Name SGALLATA, LINDA MRS  
Address 246 INDIAN POINT CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title VPD  
Name SHANKS, LENORA MRS  
Address 246 INDIAN POINT CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title TD  
Name PEREZ, ELIZABETH MRS  
Address 246 INDIAN POINT CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title SECRETARY  
Name RAMOS, CAROLINE  
Address 246 INDIAN POINT CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA SGALLATA

PD

04/11/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date