

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:04

DOCUMENT # N94000002084 (1)

1. Corporation Name

INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% POB 3873
LONGWOOD FL 32791

% POB 3873
LONGWOOD FL 32791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3241931

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

29

Zip

Country

Zip

Country

24

25

28

30

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 607.0502 and 607.1608, 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 607.0505, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MANDELL, ROBERT A
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VD
NAME	ZIMMERMAN, STEVE
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	STD
NAME	SNYDER, SIMON D
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mandell, Robert A	
1.3 STREET ADDRESS	1105 Kensington Park Dr.	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zimmerman, Steve	
2.3 STREET ADDRESS	1105 Kensington Park Dr.	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Snyder, Simon D.	
3.3 STREET ADDRESS	1105 Kensington Park Dr.	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Venditti, Robert	
4.3 STREET ADDRESS	299 Indian Point Circle	
4.4 CITY-ST-ZIP	Kissimmee, FL 34746	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sgallata, Linda	
5.3 STREET ADDRESS	282 Indian Point Circle	
5.4 CITY-ST-ZIP	Kissimmee, FL 34746	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rothrock, Marilyn	
6.3 STREET ADDRESS	309 Indian Point Circle	
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)(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 in this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Zimmerman

3/9/95 (407) 869-0300

Date

Daytime Phone #

INDIAN POINT HOMEOWNERS ASSOCIATION

59-3241931

SUPPLEMENTAL SCHEDULE TO 1995 ANNUAL REPORT:

BLOCK 13

7.1 TITLE	T	X ADDITION
7.2 NAME	Offiler, Lucille	
7.3 STREET ADDRESS	279 Indian Point Circle	
7.4 CITY-ST-ZIP	Kissimmee, Florida 34746	