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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 % POB 3873 LONGWOOD FL 32791

3. Date Incorporated or Qualified 04/22/1994 3a. Date of Last Report 04/24/1996
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
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
23 27
24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDELL, ROBERT A	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASAR SANTOS	
STREET ADDRESS	4602 OSCEOLA PT TRL	
CITY-ST-ZIP	KISSIMEE F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, SIMON D	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALLAS TILLMAN	
STREET ADDRESS	301 INDIAN POINT CIRCLE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERT MOGCK	
STREET ADDRESS	4706 CHEYENNE PT TRL	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAM MCCANN	
STREET ADDRESS	4609 PRAIRE PT BLVD	
CITY-ST-ZIP	KISSIMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ DATE: 3/18/97 (407) 869-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0077842

CR2E037 (9/96)