

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
 01-28-2000 90134 019 ****61.25

DOCUMENT # N94000002084

1. Entity Name

INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% POB 3873
 LONGWOOD FL 32791

% POB 3873
 LONGWOOD FL 32791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3241931

Applied For

Not Applicable

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

**BECKETT, WILLIAM A
 215 N EOLA DR
 ORLANDO FL 32801**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEES IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 TILMAN	
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	4608 PRAIRE PT BLVD	
CITY-ST-ZIP	KISSIMEE FL	

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		
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		
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:

SIGNATURE REQUIRED

4/24/00 4078690300

Date

Daytime Phone #

CR2E037 (9/99)