

# 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	Applied For
<b>59-3241931</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDELL, ROBERT A</b>	NAME	
STREET ADDRESS	<b>1105 KENSINGTON PARK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASAR SANTOS</b>	NAME	
STREET ADDRESS	<b>4602 OSCEOLA PT TRL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE F</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNYDER, SIMON D</b>	NAME	
STREET ADDRESS	<b>1105 KENSINGTON PARK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALLAS TILLMAN</b>	NAME	
STREET ADDRESS	<b>301 INDIAN POINT CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT MOGCK</b>	NAME	
STREET ADDRESS	<b>4706 CHEYENNE PT TRL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM MCCANN</b>	NAME	
STREET ADDRESS	<b>4608 PRAIRE PT BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)