

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0091090

DOCUMENT # N94000002084

1. Entity Name

INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

04-06-2001 90017 050 ****61.25

Principal Place of Business

Mailing Address

% POB 3873
 LONGWOOD FL 32791

% POB 3873
 LONGWOOD FL 32791

00020903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3241931

Applied For

Not Applicable

Zip

Country

Zip

Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MANDELL, ROBERT A	1105 KENSINGTON PARK DR	ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete			
TD	CASAR SANTOS	4602 OSCEOLA PT TRL	KISSIMMEE F	<input type="checkbox"/> Delete			
D	SNYDER, SIMON D	1105 KENSINGTON PARK DR	ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete			
PD	DALLAS TILLMAN	301 INDIAN POINT CIRCLE	KISSIMMEE FL	<input type="checkbox"/> Delete			
VD	ROBERT MOGCK	4706 CHEYENNE PT TRL	KISSIMMEE FL	<input type="checkbox"/> Delete			
SD	WILLIAM MCCANN	4608 PRAIRE PT BLVD	KISSIMMEE FL	<input type="checkbox"/> Delete			

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 REMOVED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)