

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002084

1. Entity Name

INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% POB 3873
LONGWOOD FL 32791

Mailing Address

% 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
Fees 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:
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 D
NAME MANDELL, ROBERT A
STREET ADDRESS 1105 KENSINGTON PARK DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME CASAR SANTOS
STREET ADDRESS 4602 OSCEOLA PT TRL
CITY-ST-ZIP KISSIMMEE F ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SNYDER, SIMON D
STREET ADDRESS 1105 KENSINGTON PARK DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME DALLAS TILLMAN
STREET ADDRESS 301 INDIAN POINT CIRCLE
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ROBERT MOGCK
STREET ADDRESS 4706 CHEYENNE PT TRL
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME WILLIAM MCCANN
STREET ADDRESS 4608 PRAIRE PT BLVD
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)