

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000002084**

1. Entity Name

**INDIAN POINT HOMEOWNERS ASSOCIATION, INC.****FILED****May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90111 033 \*\*\*\*61.25

Principal Place of Business

% POB 3873  
LONGWOOD FL 32791

Mailing Address

% POB 3873  
LONGWOOD FL 32791

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

5695 BEGGS ROAD

Suite, Apt. #, etc.

SUITE -100

City &amp; State

ORLANDO

Zip

32810

Country

US

4. FEI Number

59-3241931

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECKETT, WILLIAM A  
215 N EOLA DR  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

THERESA SUTHERLAND

Street Address (P.O. Box Number is Not Acceptable)

5695 BEGGS ROAD

SUITE B-100

City

ORLANDO

FL

Zip Code  
32810

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

TITLE **D** ☒ Delete  
NAME **MANDELL, ROBERT A**  
STREET ADDRESS **1105 KENSINGTON PARK DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**TITLE **TD** ☒ Delete  
NAME **CASAR SANTOS**  
STREET ADDRESS **4602 OSCEOLA PT TRL**  
CITY-ST-ZIP **KISSIMMEE F**TITLE **D** ☒ Delete  
NAME **SNYDER, SIMON D**  
STREET ADDRESS **1105 KENSINGTON PARK DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**TITLE **PD** ☒ Delete  
NAME **DALLAS TILMAN**  
STREET ADDRESS **301 INDIAN POINT CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE **VD** ☒ Delete  
NAME **ROBERT MOGCK**  
STREET ADDRESS **4706 CHEYENNE PT TRL**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE **SD** ☐ Delete  
NAME **WILLIAM MCCANN**  
STREET ADDRESS **4608 PRAIRE PT BLVD**  
CITY-ST-ZIP **KISSIMMEE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **MORTON, TONY**  
STREET ADDRESS **246 INDIAN POINT CIRCLE**  
CITY-ST-ZIP **KISSIMMEE, FL 34746**TITLE **VD** ☐ Change ☒ Addition  
NAME **LA ROCCO, FRANK**  
STREET ADDRESS **2367 TOPAZ TRAIL**  
CITY-ST-ZIP **KISSIMMEE, FL 34743**TITLE **SD** ☐ Change ☒ Addition  
NAME **KISHAZY, CHRIS**  
STREET ADDRESS **4604 OSCEOLA POINT TRAIL**  
CITY-ST-ZIP **KISSIMMEE, FL 34746**TITLE **TD** ☐ Change ☒ Addition  
NAME **COLE, JANET**  
STREET ADDRESS **293 INDIAN POINT CIRCLE**  
CITY-ST-ZIP **KISSIMMEE, FL 34746**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **TONY MORTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)