

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

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

**5695 BEGGS ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE -100**

City & State

City & State  
**ORLANDO**

Zip

Country

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 *THERESA SUTHERLAND Theresa Sutherland* 4/29/02  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANDELL, ROBERT A</b> <b>1105 KENSINGTON PARK DR</b> <b>ALTAMONTE SPRINGS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CASAR SANTOS</b> <b>4602 OSCEOLA PT TRL</b> <b>KISSIMMEE F</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNYDER, SIMON D</b> <b>1105 KENSINGTON PARK DR</b> <b>ALTAMONTE SPRINGS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DALLAS TILLMAN</b> <b>301 INDIAN POINT CIRCLE</b> <b>KISSIMMEE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROBERT MOGCK</b> <b>4706 CHEYENNE PT TRL</b> <b>KISSIMMEE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WILLIAM MCCANN</b> <b>4608 PRAIRE PT BLVD</b> <b>KISSIMMEE FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORTON, TONY</b> <b>246 INDIAN POINT CIRCLE</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LA ROCCO, FRANK</b> <b>2367 TOPAZ TRAIL</b> <b>KISSIMMEE, FL 34743</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KISHAZY, CHRIS</b> <b>4604 OSCEOLA POINT TRAIL</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>COLE, JANET</b> <b>293 INDIAN POINT CIRCLE</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* 4/18/02 407-296-0411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)