

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002084

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-3241931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORTON, TONY  
Address: 4629 PRAIRIE POINTE BLVD.  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VD ( ) Delete  
Name: DERDENRIAN, STEVE  
Address: 4538 OAKBROOK CT.  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: SD ( ) Delete  
Name: KISHAZY, CHRIS  
Address: 4604 OSCEOLA POINT TRAIL  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: TD ( ) Delete  
Name: TANNEHILL, BECKY  
Address: 294 INDIAN POINT CIR.  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: D ( ) Delete  
Name: FRYER, WAYNE  
Address: 4716 PRAIRIE POINT BLVD.  
City-St-Zip: KISSIMMEE, FL 34746 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY MORTON

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date