2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N94000002084

Title:

Name:

Address:

City-St-Zip:

TI FILED
Jun 25, 2007
Secretary of State

Entity Name: INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 107 N. LINE DR 246 INDIAN POINT CIRCLE APOPKA, FL 32703 KISSIMMEE, FL 34746 US **Current Mailing Address: New Mailing Address:** 107 N. LINE DR P.O. BOX 452765 APOPKA, FL 32703 US KISSIMMEE, FL 34745 US FEI Number: 59-3241931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SUTHERLAND, THERESA D DENNIS, TERREL V 4629 CHEYENNE POINT TRAIL 107 N. LINE DR. APOPKA, FL 32703 US KISSIMMEE, FL 34746 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: TERREL V DENNIS 06/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TANNEHILL, BECKY SGALLATA, LINDA MRS Name: Name: 294 INDIAN POINT CIRCLE Address: 282 INDIAN POINT CIRCLE Address: City-St-Zip: KISSIMMEE, FL 34746 US City-St-Zip: KISSIMMEE, FL 34746 US Title: Title: () Change (X) Addition () Delete Name: Name: SIMMONS, CATHLEEN MS Address: Address: 211 INDIAN POINT CIRCLE City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 US Title: () Delete Title: () Change (X) Addition PEREZ, ELIZABETH MRS Name: Name: 4611 CHEYENNE POINT TRAIL Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 US Title: () Delete Title: SD () Change (X) Addition Name: Name: TERREL, DENNIS V MS 4629 CHEYENNE POINT TRAIL Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 US

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TERREL V DENNIS SD 06/25/2007

() Delete

() Change (X) Addition

OFFILER, LUCILLE MS

279 INDIAN POINT CIRCLE

KISSIMMEE, FL 34746 US