

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002084

FILED
Apr 05, 2008
Secretary of State

Entity Name: INDIAN POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

246 INDIAN POINT CIRCLE
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452765
KISSIMMEE, FL 34745 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:

DENNIS, TERREL V
4629 CHEYENNE POINT TRAIL
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

PEREZ, ELIZABETH M MRS
4611 CHEYENNE POINT TRAIL
KISSIMMEE, FL 34746 US

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: ELIZABETH M PEREZ

04/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SGALLATA, LINDA MRS
Address: 282 INDIAN POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VPD () Delete
Name: SIMMONS, CATHLEEN MS
Address: 211 INDIAN POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: TD () Delete
Name: PEREZ, ELIZABETH MRS
Address: 4611 CHEYENNE POINT TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

Title: SD () Delete
Name: TERREL, DENNIS V MS
Address: 4629 CHEYENNE POINT TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

Title: D (X) Delete
Name: OFFILER, LUCILLE MS
Address: 279 INDIAN POINT CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: TREJO, ALFREDO MR
Address: 4610 OAKBROOK CT
City-St-Zip: KISSIMMEE, FL 34746 US

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

Title: SD (X) Change () Addition
Name: FERNANDEZ, ZULEIKA MRS
Address: 119 SENECA POINT
City-St-Zip: KISSIMMEE, FL 34746 US

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

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.

SIGNATURE: ELIZABETH M PEREZ

TD

04/05/2008

Electronic Signature of Signing Officer or Director

Date