

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2009  
Secretary of State**

DOCUMENT# N94000002084

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:**

246 INDIAN POINT CIRCLE  
KISSIMMEE, FL 34746 US

FEI Number: 59-3241931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEREZ, ELIZABETH M MRS  
4611 CHEYENNE POINT TRAIL  
KISSIMMEE, FL 34746 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: SGALLATA, LINDA MRS  
Address: 282 INDIAN POINT CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VPD ( ) Delete  
Name: TREJO, ALFREDO MR  
Address: 4610 OAKBROOK CT  
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: FERNANDEZ, ZULEIKA MRS  
Address: 119 SENECA POINT  
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: BRAHAM, LINCOLN MR  
Address: 4697 CHEYENNE POINT TRAIL  
City-St-Zip: KISSIMMEE, FL 34746 US

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

Title: SD (X) Change ( ) Addition  
Name: POPPLETON, ANETTE MRS  
Address: 277 INDIAN POINT CIRCLE  
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.

SIGNATURE: ELIZABETH M PEREZ

TD

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date