

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002084

**FILED**  
**Apr 29, 2011**  
**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:**

246 INDIAN POINT CIRCLE  
KISSIMMEE, FL 34746 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:**

SGALLATA, LINDA MRS  
282 INDIAN POINT CIRCLE  
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  
Name: SGALLATA, LINDA MRS  
Address: 282 INDIAN POINT CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: SD  
Name: POPPLETON, ANNETTE MRS  
Address: 277 INDIAN POINT CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746 US

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

Title: VPD  
Name: DIGARBO, LILLIAN MRS  
Address: 4625 OAKBROOK COURT  
City-St-Zip: KISSIMMEE, FL 34746 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA SGALLATA

PD

04/29/2011

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

\_\_\_\_\_  
Date