

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90156 023 ****61.25

DOCUMENT # N94000002084

1. Entity Name

INDIAN POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

% POB 3873
LONGWOOD FL 32791

Mailing Address

5695 BEGGS ROAD
SUITE 100
ORLANDO FL 32810

2. Principal Place of Business

5695 BEGGS ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE B-100

City & State
ORLANDO, FL

City & State

Zip
32810

Country
U.S.A.

Zip

Country

4. FEI Number **59-3241931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTHERLAND, THERESA
5695 BEGGS ROAD
SUITE B-100
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORTON, TONY**
STREET ADDRESS **246 INDIAN POINT CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VD** ☐ Delete
NAME **LA ROCCO, FRANK**
STREET ADDRESS **2387 TOPAZ TRAIL**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **SD** ☐ Delete
NAME **KISHAZY, CHRIS**
STREET ADDRESS **4604 OSCEOLA POINT TRAIL**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **TD** ☐ Delete
NAME **COLE, JANET**
STREET ADDRESS **293 INDIAN POINT CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **SD** ☒ Delete
NAME **WILLIAM MCCANN**
STREET ADDRESS **4608 PRAIRE PT BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Morton*

4/18/03

407-296 0411

CR2E037 (10/02)