

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3: 05

DOCUMENT # **N38640** (1)
1. Corporation Name
INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P. O. BOX 7075 N/A P.O. BOX 7075
210 LOCHEN CT WINTER HAVEN FL 33883
WINTER HAVEN FL 33884 US
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0212524** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
JOHNSON, MELODY
210 LOCHEN CT
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent
81 (Name) **JAMES T. L JOINER**
82 Street Address (P.O. Box Number is Not Acceptable) **101 LOCHEN DRIVE, S.E**
83
84 City **WINTER HAVEN** FL 85 Zip Code **33884**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James T. Joiner* DATE **4/9/95**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EASON, DON
STREET ADDRESS	208 LOCHEN CT
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	VB
NAME	AMANN, JOHN DR.
STREET ADDRESS	1105 INTERLOCHEN BLVD.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	STD
NAME	JOHNSON, MELODY
STREET ADDRESS	210 LOCHEN CT
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	AMANN, John
13 STREET ADDRESS	1105 Interlochen Blvd
14 CITY - ST - ZIP	Winter Haven, FL 33884
21 TITLE	V-P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lyle, George
23 STREET ADDRESS	204 LOCHEN CT, SE.
24 CITY - ST - ZIP	Winter Haven, FL 33884
31 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MELODY JOINER, JAMES
33 STREET ADDRESS	101 LOCHEN DRIVE, SE
34 CITY - ST - ZIP	WINTER HAVEN, FL 33884
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James T. Joiner* **JAMES T. L JOINER** DATE **4/9/95(813)299-1284**
(Signature, typed or printed name of signing officer or director) (Date)

SECRET