

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 033 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N38640

1. Corporation Name
INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

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



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/18/1990
23	City & State	City & State	4. FEI Number
24	Zip	Zip	65-0212524
25	Country	Country	Applied For
26		27	Not Applicable
28		29	5. Certificate of Status Desired <input type="checkbox"/>
30		31	\$8.75 Additional Fee Required
32		33	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
34		35	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOINER, JAMES T. 101 LOCHER DRIVE SE WINTER HAVEN FL 33884		81 Name	ERIK A. JOHANSSON
		82 Street Address (P.O. Box Number is Not Acceptable)	310 LOCHEN CIRCLE
		83	
		84 City	WINTER HAVEN FL
		85 Zip Code	33884

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Erik A. Johansson* **ERIK A. JOHANSSON** DATE: 7/26/1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LYLE, GEORGE	1.2 NAME	EASON, DON
STREET ADDRESS	204 LOCHER COURT SE	1.3 STREET ADDRESS	1119 INTERLOCHEN BLVD
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VPD	2.1 TITLE	
NAME	AMANN, JOHN	2.2 NAME	
STREET ADDRESS	1105 INTERLOCHEN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD
NAME	JOINER, JAMES	3.2 NAME	JOHANSSON, ERIK A.
STREET ADDRESS	101 LOCHEN DR SE	3.3 STREET ADDRESS	310 LOCHEN CIRCLE
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Erik A. Johansson* **ERIK A. JOHANSSON** DATE: 7/26/1999 DAYTIME PHONE #: 941-318-3956

CR2E037 (5/99)