

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90168 048 ****61.25

DOCUMENT # N38640

1. Entity Name

INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7075 N/A
 210 LOCHEN CT
 WINTER HAVEN FL 33894
 US

P.O. BOX 7075
 WINTER HAVEN FL 33883
 US

00046003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0212524**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHANSSON, ERIK A
310 LOCHEN CIRCLE
WINTER HAVEN FL 33884

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **EASON, DON**
 STREET ADDRESS **1119 INTER LOCHEN BLVD**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **AMANN, JOHN**
 STREET ADDRESS **1105 INTERLOCHEN BLVD**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
 NAME **Loretta Sanders**
 STREET ADDRESS **1129 Interlochen Blvd.**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **STD** Delete
 NAME **JOHANSSON, ERIK A**
 STREET ADDRESS **310 LOCHEN CIRCLE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
 NAME **R. Gary Price**
 STREET ADDRESS **1149 Interlochen Blvd.**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *R. Gary Price*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/01** Daytime Phone # **883-899-5638**

CR2E037 (10/00)