

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90292 046 \*\*\*\*61.25

**DOCUMENT # N38640**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0212524**

Applied For

Not Applicable

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 **R. Gary Price**

Street Address (P.O. Box Number is Not Acceptable)  
**1149 Interlochen Blvd.**

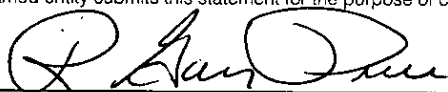
City **Winter Haven**

FL

Zip Code **33884**

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



**R. Gary Price**

**4/19/02**

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

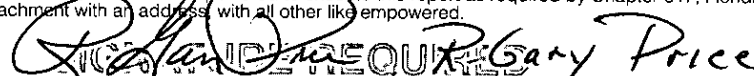
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EASON, DON	
STREET ADDRESS	1119 INTER LOCHEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANDERS, LORETTA	
STREET ADDRESS	1105 INTERLOCHEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRICE, R GARY	
STREET ADDRESS	1149 INTERLOCHEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Durand Holladay	
STREET ADDRESS	1159 Interlochen Blvd	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or 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:



**4/19/02**

**863.299.5638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)