

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38640

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1149 INTERLOCHOR BLVD.  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7075  
WINTER HAVEN, FL 33883 US

**New Mailing Address:**

FEI Number: 65-0212524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EASON, DON  
1119 INTERLOCHEN BLVD.  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EASON, DON  
Address: 1119 INTER LOCHEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T  
Name: MIXON, YVONNE  
Address: 1137 INTERLOCHEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: V  
Name: LYLE, GEORGE  
Address: 1101 INTERLOCHEN BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DON EASON

PD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date