

N38640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

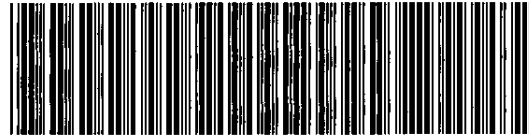
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

Brown 6-1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Interlochen Homeowners Association Inc
Name of Corporation

DOCUMENT NUMBER: N38640

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. Burman
Name of Contact Person

Aegis Community Management Solutions Inc
Firm/Company

8390 ChampionsGate Blvd Suite 304
Address

Championsgate FL 33896
City/State and Zip Code

EORTIZ@aegiscms.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Burman at (863) 256 5052
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Interlachen Homeowners Association, Inc.
2. The principal office address: 1149 Interlocher Blvd
Winter Haven FL 33884
3. The mailing address (if different): PO BOX 7075
Winter Haven FL 33883
4. Date of incorporation/qualification: 6/18/1990 Document number: N381640
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Don Eason
1119 Interlochen Blvd
Winter Haven FL 33884

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Aegis Community Management Solutions, Inc.
8390 Championsgate Blvd Suite 304
P.O. Box NOT acceptable
Championsgate FL 33896

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

MIKE GRIFFIN, Div. Property Management
Printed or typed name and title
Aegis Comm. Mgmt.

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

5/16/11
Date

If signing on behalf of an entity:
MIKE GRIFFIN
Typed or Printed Name

*** FILING FEE: \$35.00 ***