


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90158 005 \*\*\*\*61.25

**DOCUMENT # N38640**  
1. Entity Name  
**INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.**



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

2. Principal Place of Business      3. Mailing Address  
**1149 Interlochen Blvd**      Suite, Apt. #, etc.

City & State      City & State  
**Winter Haven FL**      City & State

Zip      Country      Zip      Country  
**FL 33884**      **USA**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PRICE, GARY R.**  
**1149 INTERLOCHEN BLVD.**  
**WINTER HAVEN FL 33884**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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 checked="" 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	VPD	<input type="checkbox"/> Delete
NAME	HOLLADAY, DURAND	
STREET ADDRESS	1159 INTERLOCHEN BLVD.	
CITY-ST-ZIP	WINTER HAVEN FL 33854	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		<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 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:  **REQUIRE** **Gary Price**      **4/1/03**

CR2E037 (10/02)