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.

PRESIDENT

SIGNATURE: JONATHAN LEDDEN

Electronic Signature of Signing Officer/Director Detail

ectronic	Signature of	Signing	Officer/Director Detail	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001046

Entity Name: SOUTH INTERLACHEN PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

760 FLORIDA CENTRAL PKWY SUITE# 200 LONGWOOD, FL 32750

Current Mailing Address:

C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200 LONGWOOD, FL 32750 US

FEI Number: 47-3796672

Name and Address of Current Registered Agent:

HMI C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200 LONGWOOD, FL 32750 US

City-State-Zip: LONGWOOD FL 32750

Certificate of Status Desired: No

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	:: LORIE FULKES, BRANCH PRESIDENT	04/25/2024	
	Electronic Signature of Registered Agent		Date
Officer/Dired	ctor Detail :		
Title	TREASURER, SECRETARY	Title	VP
Name	LEGER, ERIN	Name	LYDEN, SCOTT
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200	Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	PRESIDENT		
Name	LEDDEN, JONATHAN		
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200		



FILED Apr 25, 2024 Secretary of State 2507221261CC