# Entity Name: INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

8390 CHAMPIONSGATE BLVD SUITE 304 CHAMPIONSGATE, FL 33896

DOCUMENT# N38640

#### **Current Mailing Address:**

8390 CHAMPIONSGATE BLVD SUITE 304 CHAMPIONSGATE, FL 33896 US

#### FEI Number: 65-0212524

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

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC. 8390 CHAMPIONSGATE BLVD STE 304 CHAMPIONSGATE, FL 33896 US

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

### **Officer/Director Detail :**

Oncer/Director Detail.				
	Title	VP	Title	SECRETARY, TREASURER
	Name	LYLE, GEORGE	Name	WINDSOR, ANN
	Address	8390 CHAMPIONSGATE BLVD STE	Address	8390 CHAMPIONS GATE BLVD. #304
	City-State-Zip:	304 CHAMPIONSGATE FL 33896	City-State-Zip:	CHAMPIONS GATE FL 33896
	Title	DIRECTOR	Title	PRESIDENT
			Name	OWENS, JONATHAN
	Name Address	LAYNE, MONICA 8390 CHAMPIONSGATE BLVD	Address	8390 CHAMPIONSGATE BLVD SUITE 304
	City-State-Zip:	SUITE 304 CHAMPIONSGATE FL 33896	City-State-Zip:	CHAMPIONSGATE FL 33896
	Title	DIRECTOR	Title	DIRECTOR
	Name		Name	BOLAND, MEL
	Address	ss 8390 CHAMPIONSGATE BLVD	Address	8390 CHAMPIONSGATE BLVD SUITE 304
	City-State-Zip:	SUITE 304 CHAMPIONSGATE FL 33896	City-State-Zip:	CHAMPIONSGATE FL 33896
	Title	DIRECTOR		
	Name	MARK, HYDE		
	Address	8390 CHAMPIONSGATE BLVD SUITE 304		
	City-State-Zip:	CHAMPIONSGATE FL 33896		

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 OWENS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date