

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38640

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

**Current Principal Place of Business:**

C/O GOOD HELP SERVICES  
3505 LAKE LYNDA DR. STE. 200  
ORLANDO, FL 32817

**Current Mailing Address:**

C/O GOOD HELP SERVICES  
3505 LAKE LYNDA DR. STE. 200  
ORLANDO, FL 32817 US

**FEI Number: 65-0212524**

**Certificate of Status Desired: No**

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

GOOD HELP MANAGEMENT SERVICES  
3505 LAKE LYNDA DR #200  
ORLANDO, FL 32817 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name LYLE, GEORGE  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

Title SECRETARY, TREASURER  
Name WINDSOR, ANN  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name HILLMAN, ALBERT  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

Title PRESIDENT  
Name OWEN, JONATHAN  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name BOLAND, MAL  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name HYDE, MARK  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name FALK, NATHAN  
Address C/O GOOD HELP MANAGEMENT  
3505 LAKE LYNDA DRIVE SUITE 200  
City-State-Zip: ORLANDO FL 32817

*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: JONATHAN OWEN**

**PRESIDENT**

**01/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date