2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38640

Entity Name: INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

FILED Apr 06, 2016 **Secretary of State** CC7570306015

Current Principal Place of Business:

8390 CHAMPIONSGATE BLVD SUITE 304

CHAMPIONSGATE, FL 33896

Current Mailing Address:

8390 CHAMPIONSGATE BLVD SUITE 304

CHAMPIONSGATE, FL 33896 US

FEI Number: 65-0212524 Certificate of Status Desired: No

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:

Name

Electronic Signature of Registered Agent

Officer/Director Detail:

Title ٧P Title SECRETARY LYLE. GEORGE Name Name WINDSOR, ANN

Address 8390 CHAMPIONSGATE BLVD STE Address 8390 CHAMPIONS GATE BLVD. #304

CHAMPIONS GATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR**

Name OWNES, JONATHAN NEAL, CHRIS Name

8390 CHAMPIONSGATE BLVD Address 8390 CHAMPIONSGATE BLVD Address

SUITE 304

SUITE 304

City-State-Zip: CHAMPIONSGATE FL 33896 CHAMPIONSGATE FL 33896 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** Name BOLAND, MEL

EASON, DONALD 8390 CHAMPIONSGATE BLVD Address Address

8390 CHAMPIONSGATE BLVD SUITE 304

SUITE 304 City-State-Zip: CHAMPIONSGATE FL 33896 CHAMPIONSGATE FL 33896 City-State-Zip:

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.

04/06/2016 SIGNATURE: JONATHAN OWNES **PRESIDENT**

Date