

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38640

FILED
Feb 29, 2024
Secretary of State
6688088257CC

Entity Name: INTERLOCHEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD. SUITE1-145
ORLANDO, FL 32828

Current Mailing Address:

C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD. SUITE#1-145
ORLANDO, FL 32828 US

FEI Number: 65-0212524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOOD HELP MANAGEMENT SERVICES
C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD. SUITE#1-145
ORLANDO, FL 32828 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 SERVICES
3564 AVALON PARK EAST BLVD.
SUITE # 1-145
City-State-Zip: ORLANDO FL 32828

Title SECRETARY, TREASURER
Name WINDSOR, ANN
Address C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD.
SUITE 1-145
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name HILLMAN, ALBERT
Address C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD.
SUITE 1-145
City-State-Zip: ORLANDO FL 32828

Title PRESIDENT
Name OWEN, JONATHAN
Address C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD.
SUITE 1-145
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name BOLAND, MAL
Address C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD.
SUITE 1-145
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name HYDE, MARK
Address C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD.
SUITE 1-145
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name FALK, NATHAN
Address C/O GOOD HELP MANAGEMENT SERVICES
3564 AVALON PARK EAST BLVD.
SUITE 1-145
City-State-Zip: ORLANDO FL 32828

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 seal, in my own right as officer or director of the corporation, or as 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

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date