

**CORPORATION  
ANNUAL REPORT  
1995**



Florida Department of Banking  
and Finance  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # 249646 (1)**

1. Corporation Name

**INTERLACHEN LAKES ESTATES, INC.**

95 MAY -1 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**WLAND RESOURCES CORP.  
201 E. JOEL BLVD.  
LEHIGH ACRES FL 33936**

**WLAND RESOURCES CORP.  
201 E. JOEL BLVD.  
LEHIGH ACRES FL 33936**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**07/26/1961**

**04/26/1994**

4. FEI Number

Applied For

**59-0970016**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORTANA, JAMES G.  
201 EAST JOEL BLVD.  
LEHIGH ACRES FL 33936**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

**FL**

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | WILLIAM I. LIVINGSTON |
| STREET ADDRESS | 201 E. JOEL BLVD.     |
| CITY- ST- ZIP  | LEHIGH ACRES FL       |
| TITLE          | V                     |
| NAME           | JAMES G. FORTANA      |
| STREET ADDRESS | 201 E. JOEL BLVD.     |
| CITY- ST- ZIP  | LEHIGH ACRES FL       |
| TITLE          | VD                    |
| NAME           | W. DON WHYTE          |
| STREET ADDRESS | 201 E. JOEL BLVD.     |
| CITY- ST- ZIP  | SCOTTSDALE AZ         |
| TITLE          | VS                    |
| NAME           | JANET ALLISON         |
| STREET ADDRESS | 201 E. JOEL BLVD.     |
| CITY- ST- ZIP  | LEHIGH FL             |
| TITLE          | V                     |
| NAME           | JOHN A. NATIELLO      |
| STREET ADDRESS | 201 E. JOEL BLVD.     |
| CITY- ST- ZIP  | LEHIGH FL             |
| TITLE          | VD                    |
| NAME           | HOLQUIST, LAURA A.    |
| STREET ADDRESS | 201 E. JOEL BLVD      |
| CITY- ST- ZIP  | LEHIGH ACRES FL       |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY- ST- ZIP  |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY- ST- ZIP  |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY- ST- ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY- ST- ZIP  |                                                                              |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY- ST- ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY- ST- ZIP  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment, within address.

SIGNATURE:

*[Signature]* VICE PRES

4/25/95

813-368-3141

Signature and typed or printed name of filing officer or director

Date

System Phone #

04/18/95

249646

**Interlachen Lakes Estates, Inc.**  
**FEIN 59-0970016**  
**Document # 249646 (1)**

Attachment to Corporate Annual Report:

Line 13. Additions/Changes to Officers and Directors in 12:

|                 |                        |                                 |                                              |
|-----------------|------------------------|---------------------------------|----------------------------------------------|
| Title:          | T/AS                   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name:           | Horvath, Margaret      |                                 |                                              |
| Street Address: | 201 East Joel Blvd.    |                                 |                                              |
| City - St - Zip | Lehigh Acres, FL 33936 |                                 |                                              |

|                 |                        |                                 |                                              |
|-----------------|------------------------|---------------------------------|----------------------------------------------|
| Title:          | AS                     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name:           | Adler, Joan F.         |                                 |                                              |
| Street Address: | 201 East Joel Blvd.    |                                 |                                              |
| City - St - Zip | Lehigh Acres, FL 33936 |                                 |                                              |