

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 249646

(1)

1. Corporation Name
INTERLACHEN LAKES ESTATES, INC.

Principal Place of Business
226 E. JOEL BLVD.
LEHIGH ACRES FL 33996

Mailing Address
226 E. JOEL BLVD.
LEHIGH ACRES FL 33972-5230



3. Date Incorporated or Qualified 07/26/1961
3a. Date of Last Report 03/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0970016		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

ALLISON, JANET
226 E. JOEL BLVD.
LEHIGH ACRES FL 33996

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, MARGARET	1.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33996	1.4 CITY-ST-ZIP	33972
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GREGORY	2.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33996	2.4 CITY-ST-ZIP	33972
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLQUIST, LAURA A	3.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33996	3.4 CITY-ST-ZIP	33972
TITLE	VSD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET ALLISON	4.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33996	4.4 CITY-ST-ZIP	33972
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN A. NATIELLO	5.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33996	5.4 CITY-ST-ZIP	33972
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97

941-368-6779

Date

Daytime Phone