

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 249646

1. Entity Name
INTERLACHEN LAKES ESTATES, INC.



Principal Place of Business
4315 METRO PARKWAY
SUITE 500
FORT MYERS, FL 33916 US

Mailing Address
4315 METRO PARKWAY
SUITE 500
FORT MYERS, FL 33916 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-0970016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIELLO, JOHN A
4315 METRO PARKWAY
SUITE 500
FORT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name
ROTH, JEFFREY H.
Street Address (P.O. Box Number is Not Acceptable)
4315 METRO PARKWAY
SUITE 500
City
FORT MYERS FL 33916

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey H. Roth, VP

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HORVATH, MARGARET
4315 METRO PARKWAY, SUITE 500
FORT MYERS, FL 33916 ☒ Delete

DVS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HUGHES, HEIDI
4315 METRO PARKWAY, SUITE 500
FORT MYERS, FL 33916 ☒ Delete

PD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLQUIST, LAURA A
4315 METRO PARKWAY, SUITE 500
FORT MYERS, FL 33916 ☐ Delete

VAS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NATIELLO, JOHN A
4315 METRO PARKWAY, SUITE 500
FORT MYERS, FL 33916 ☒ Delete

DV
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROTH, JEFFREY H
4315 METRO PARKWAY
FORT MYERS, FL 33916 ☐ Delete

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000138238360
11/24/08--01059--001 **\$61.25

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVAS ☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVS ☐ Change ☒ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LIVINGSTON, WILLIAM I.
ONE CORPORATE DRIVE, SUITE 3A
PALM COAST, FL 32137-4715

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Jeffrey H. Roth, VP

11/17/08

239-333-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #