

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 041 ***150.00

DOCUMENT # 285666

1. Entity Name

INTERLACHEN GROVES, INC.



Principal Place of Business
1807 WOODPOINTE DR
PO BOX 1757
WINTER HAVEN FL 33882

Mailing Address
PO BOX 1757
WINTER HAVEN FL 33882



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1064173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, W.T., JR.
1807 WOODPOINTE DR
PO BOX 1757
WINTER HAVEN FL 33882

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SIMPSON, W.T. JR.
STREET ADDRESS 1807 WOODPOINTE DR
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE VST ☐ Delete
NAME SOMERS, BETTY ANN
STREET ADDRESS 425 LAKE SHORE LANE
CITY-ST-ZIP CHAPEL HILL NC 27514-1730

TITLE S ☒ Delete
NAME SOMERS, BETTY ANN
STREET ADDRESS 425 LAKESHORE LANE
CITY-ST-ZIP CHAPEL HILL NC 27514-1730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VTD ☒ Change ☐ Addition
NAME Somers, Betty Ann
STREET ADDRESS 425 Lake Shore Lane
CITY-ST-ZIP Chapel Hill, NC 27514-1730

TITLE SD ☐ Change ☒ Addition
NAME Charles, Carol Smith III
STREET ADDRESS 1329 MIRRORENTAGE NW
CITY-ST-ZIP Winter Haven, FL 33881

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

W.T. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/06
Date

8633241292
Daytime Phone #