

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 725087 (1)  
1. Corporation Name  
INTERLACHEN LAKES LANDOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 292 P.O. BOX 292  
INTERLACHEN FL 32148 INTERLACHEN FL 32148

3. Date Incorporated or Qualified 12/18/1972  
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1543145	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

RUSHING, THOMAS  
RT. 1, BOX 351  
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BARTON, HUGH J	1.2 NAME	
STREET ADDRESS	RT 1 BOX 376F "N/A"	1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	V President, D
NAME	HOPE, BRETT	2.2 NAME	Fran Hall
STREET ADDRESS	P.O. BOX 958 "N/A"	2.3 STREET ADDRESS	P O Box 1801 N A
CITY-ST-ZIP	INTERLACHEN FL	2.4 CITY-ST-ZIP	Interlachen Fl 32148
TITLE	TD	3.1 TITLE	
NAME	GILMORE, LOWELL	3.2 NAME	
STREET ADDRESS	RT 1 BOX 407F N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Director
NAME	SEELEY, HAZEL	4.2 NAME	Parham, Barbara
STREET ADDRESS	RT 1 BOX 334-B "N/A"	4.3 STREET ADDRESS	P O Box 1445 N A
CITY-ST-ZIP	INTERLACHEN FL	4.4 CITY-ST-ZIP	Interlachen Fl 32148
TITLE	SD	5.1 TITLE	
NAME	HARVEY, LARRY	5.2 NAME	
STREET ADDRESS	RT 4 BOX 524 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DAHLSTROM, TERRY	6.2 NAME	
STREET ADDRESS	RT 1 BOX 431B N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lowell Gilmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lowell Gilmore, Treas.

4-15-96

904 684 6388

Date

Daytime Phone #

CR2E037 (12/95)