

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
INTERLACHEN FL 32148P.O. BOX 292  
INTERLACHEN FL 32148-02923. Date Incorporated or Qualified  
12/18/19723a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME ~~BB~~  
BARTON, HUGH J  
STREET ADDRESS RT 1 BOX 376F N/A  
CITY - ST - ZIP INTERLACHEN FLTITLE ☐ DELETENAME ~~VB~~  
FRAN HALL  
STREET ADDRESS P.O. BOX 1801 N/A  
CITY - ST - ZIP INTERLACHEN FLTITLE ☐ DELETENAME ~~TD~~  
GILMORE, LOWELL  
STREET ADDRESS RT 1 BOX 407F N/A  
CITY - ST - ZIP INTERLACHEN FLTITLE ☒ DELETENAME D  
PARHAM, BARBARA  
STREET ADDRESS P.O. BOX 1445 N/A  
CITY - ST - ZIP INTERLACHEN FLTITLE ☐ DELETENAME ~~GB~~  
HARVEY, LARRY  
STREET ADDRESS RT 4 BOX 524 N/A  
CITY - ST - ZIP INTERLACHEN FLTITLE ☒ DELETENAME D  
DAHLSTROM, TERRY  
STREET ADDRESS RT 1 BOX 431B N/A  
CITY - ST - ZIP INTERLACHEN FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☒ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☒ Addition☒ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

684 6388

CR2E037 (9/96)