

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90073 004 ****61.25

DOCUMENT # 725087

1. Corporation Name

INTERLACHEN LAKES LANDOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 292
INTERLACHEN FL 32148

Mailing Address

P.O. BOX 292
INTERLACHEN FL 32148

1 60967 90073 4 7



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/18/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1543145

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

30 Zip Country

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 Harvey, Larry P/D

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

83

84 City Interlachen,

FL

85 Zip Code
32148

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 Larry Harvey Pres.

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

(NOTE: Registered Agent signature required when reinstating)

2-11-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PARHAM, BARBARA W
STREET ADDRESS 1129 JR LAKE DR
CITY-ST-ZIP INTERLACHEN FL 32148 ☒ DELETE

1.1 TITLE ~~XXXXXXXXXX~~ P/D ☒ Change ☐ Addition
1.2 NAME ~~XXXXXXXXXX~~ Harvey, Larry
1.3 STREET ADDRESS 139 Hayman Av
1.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE PD
NAME FRAN HALL
STREET ADDRESS P.O. BOX 1801 N/A
CITY-ST-ZIP INTERLACHEN FL ☒ DELETE

2.1 TITLE VP/D ☒ Change ☐ Addition
2.2 NAME Burnett, Malcolm
2.3 STREET ADDRESS 153 Kitty Av
2.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE TD
NAME GILMORE, LOWELL
STREET ADDRESS RT 1 BOX 407F N/A
CITY-ST-ZIP INTERLACHEN FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME HALL, JANICE
STREET ADDRESS P.O. BOX 1801 N/A
CITY-ST-ZIP INTERLACHEN FL ☒ DELETE

4.1 TITLE S/D ☒ Change ☐ Addition
4.2 NAME Hunt, Kathy
4.3 STREET ADDRESS 193 Kitty Av
4.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE D
NAME HARVEY, LARRY
STREET ADDRESS RT 4 BOX 524 N/A
CITY-ST-ZIP INTERLACHEN FL ☒ DELETE

5.1 TITLE ~~HALL, D~~ ☒ Change ☐ Addition
5.2 NAME Hall, Frances
5.3 STREET ADDRESS 301 Phillips Rd
5.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE D
NAME STILLWELL, AUSTIN
STREET ADDRESS 115 HENRY STR.
CITY-ST-ZIP INTERLACHEN FL ☒ DELETE

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Goode, Winifred
6.3 STREET ADDRESS 107 Taylor Av
6.4 CITY-ST-ZIP Interlachen, FL 32148

14. I 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, with all other like empowered.

SIGNATURE: Lowell Gilmore, Treas. **SIGNATURE REQUIRED** 2-8-99 904 684 6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)