

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90008 017 ****61.25

DOCUMENT # 725087

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1543145

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

**MOYER, JEAN
710 JANET AVE
INTERLACHEN FL 32148**

Name **Whitehill, Linda**

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

City **Interlachen**

FL

32148

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 LINDA WHITEHILL

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

Linda Whitehill

(NOTE: Registered Agent signature required when resigning)

3-1-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MOYER, JEAN**
STREET ADDRESS **710 JANET AVE**
CITY- ST- ZIP **INTERLACHEN FL 32148**

TITLE **PD** ☒ Change ☐ Addition
NAME **Whitehill, Linda**
STREET ADDRESS **402 Franklin St**
CITY- ST- ZIP **Interlachen FL 32148**

TITLE **VPD** ☒ Delete
NAME **YUNGWIRTH, BONNIE**
STREET ADDRESS **706 SELMA AVE**
CITY- ST- ZIP **INTERLACHEN FL 32148**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Blumenberg, Harold**
STREET ADDRESS **129 Milton Av**
CITY- ST- ZIP **Interlachen FL 32148**

TITLE **TD** ☐ Delete
NAME **GILMORE, LOWELL**
STREET ADDRESS **304 DAWN AVE**
CITY- ST- ZIP **INTERLACHEN FL**

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

TITLE **SD** ☐ Delete
NAME **BROWN, SHARON**
STREET ADDRESS **402 SHIRLEY ST**
CITY- ST- ZIP **INTERLACHEN FL 32148**

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

TITLE **D** ☐ Delete
NAME **MULLEN, MARION**
STREET ADDRESS **201 WINTON AVE**
CITY- ST- ZIP **INTERLACHEN FL 32148**

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

TITLE **D** ☒ Delete
NAME **YUNGWIRTH, ROBERT**
STREET ADDRESS **706 SELMA AVE**
CITY- ST- ZIP **INTERLACHEN FL 32148**

TITLE **D** ☒ Change ☐ Addition
NAME **Moyer, Jean**
STREET ADDRESS **710 Janet Av**
CITY- ST- ZIP **Interlachen FL 32148**

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 617, 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: Lowell Gilmore **LOWELL GILMORE** 3-1-06 386 684 6388