

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT. (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90020 008 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**WHITEHILL, LINDA  
403 FRANKLIN ST  
INTERLACHEN FL 32148**

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 contacting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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  
NAME WHITEHILL, LINDA ☐ Delete  
STREET ADDRESS 402 FRANKLIN ST  
CITY-ST-ZIP INTERLACHEN FL 32148

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

TITLE VPD  
NAME BLUMENBERG, HAROLD ☐ Delete  
STREET ADDRESS 129 KILTON AV  
CITY-ST-ZIP INTERLACHEN FL 32148

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

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

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

TITLE SD  
NAME STEWART, MICKIE ☐ Delete  
STREET ADDRESS 1083 OLD GAINESVILLE HWY.  
CITY-ST-ZIP INTERLACHEN FL 32148

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

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

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

TITLE D  
NAME KOYER, JEAN ☒ Delete  
STREET ADDRESS 710 JANET AV  
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☒ Change ☐ Addition  
NAME D APPLE, NANCY  
STREET ADDRESS 103 CHURCH LAKE RD.  
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**

2-12-08 **386684 6388**