

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725087

FILED
Apr 30, 2009
Secretary of State

Entity Name: INTERLACHEN LAKES LANDOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 292
INTERLACHEN, FL 32148

New Principal Place of Business:

217 KENNEDY AV.
INTERLACHEN, FL 32148

Current Mailing Address:

P.O. BOX 292
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-1543145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHILL, LINDA
403 FRANKLIN ST
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITEHILL, LINDA
Address: 402 FRANKLIN ST
City-St-Zip: INTERLACHEN, FL 32148

Title: VPD () Delete
Name: BLUMENBERG, HAROLD
Address: 129KILTON AV
City-St-Zip: INTERLACHEN, FL 32148

Title: TD () Delete
Name: GILMORE, LOWELL
Address: 304 DAWN AVE
City-St-Zip: INTERLACHEN, FL

Title: SD () Delete
Name: STEWART, MICKIE
Address: 1083 OLD GAINESVILLE HWY.
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: MULLEN, MARION
Address: 201 WINTON AVE
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: APPLE, NANCY
Address: 103 CHURCH LAKE RD
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WHITEHILL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date