

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759384** (1)
1. Corporation Name
INTERLACHEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 647 INTERLACHEN AVE WINTER PARK FL 32789 US	Mailing Address 647 INTERLACHEN AVE WINTER PARK FL 32789 US
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2. Principal Place of Business 21 637 N. INTERLACHEN AVE. Suite, Apt. #, etc. 22 City & State 23 WINTER PARK, FL Zip 24 32789 Country 25 USA	2a. Mailing Address 26 637 N. INTERLACHEN AVE. Suite, Apt. #, etc. 27 City & State 28 WINTER PARK, FL Zip 29 32789 Country 30 USA	3. Date Incorporated or Qualified 07/30/1981	3a. Date of Last Report 05/11/1995	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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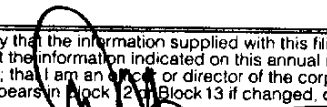
9. Name and Address of Current Registered Agent CANTRELL, NANCY E 647 N INTERLOCHEN AVEN WINTER PARK FL 32789	10. Name and Address of New Registered Agent 81 Name DON MCKEEVER 82 Street Address (P.O. Box Number is Not Acceptable) 637 N. INTERLACHEN AVE 83 84 City WINTER PARK FL 85 Zip Code 32789
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11. 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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITCHFIELD, NANCY 645 INTERLACHEN AVE WINTER PARK FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRONG, SHARON 155 STOVIN AVE WINTER PARK FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CANTRELL, NANCY E 647 INTERLOCHEN AVENUE WINTERPARK FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKEEVER, DON 637 INTERLOCHEN AVENUE WINTER PARK FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR DON MCKEEVER 637 N. INTERLACHEN AVE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR SUZANNE MCKEEVER 637 N. INTERLACHEN AVE. WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 **Don McKeever** Date **6/17/96** Daytime Phone # **(407) 628-4878**

CP2E037 (3/96)