

DOCUMENT # 759384

1. Entity Name

INTERLACHEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

647 N. INTERLACHEN AVE.
WINTER PARK FL 32789
US

Mailing Address

647 N. INTERLACHEN AVE.
WINTER PARK FL 32789
US

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DON MCKEEVER
637 N. INTERLACHEN AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

CAROLYN BIRD

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

647 N INTERLACHEN AVE.

City

WINTER PARK

FL

Zip Code

32789

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.

TREASURER
SIGNATURE

Carolyn Bird

CAROLYN BIRD

1/4/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	CRITCHFIELD, NANCY	Delete
NAME		645 INTERLACHEN AVE	
STREET ADDRESS		WINTER PARK FL	
CITY-ST-ZIP			
TITLE	S	STRONG, SHARON	Delete
NAME		155 STOVIN AVE	
STREET ADDRESS		WINTER PARK FL	
CITY-ST-ZIP			
TITLE	VPD	SUZANNE MCKEEVER	Delete
NAME		637 INTERLACHEN AVE.	
STREET ADDRESS		WINTER PARK FL	
CITY-ST-ZIP			
TITLE	PD	MCKEEVER, DON	Delete
NAME		637 INTERLACHEN AVE.	
STREET ADDRESS		WINTER PARK FL	
CITY-ST-ZIP			
TITLE			Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	MORRIS T. BIRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		647 N INTERLACHEN AV	
STREET ADDRESS		WINTER PARK, FL 32789	
CITY-ST-ZIP			
TITLE	D	AND DOBBS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		627 N INTERLACHEN AV	
STREET ADDRESS		WINTER PARK, FL 32789	
CITY-ST-ZIP			
TITLE	D	JACK BRIDGEMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		625 N INTERLACHEN AV	
STREET ADDRESS		WINTER PARK, FL 32789	
CITY-ST-ZIP			
TITLE	T/VP	CAROLYN BIRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		647 N INTERLACHEN AV	
STREET ADDRESS		WINTER PARK, FL 32789	
CITY-ST-ZIP			
TITLE	S	NANCY CRITCHFIELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		645 N INTERLACHEN AV	
STREET ADDRESS		WINTER PARK FL 32789	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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:

Carolyn Bird

1/4/01

407-628-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)