

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769357

FILED
Mar 31, 2009
Secretary of State

Entity Name: INTERLACHEN ONE ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR.
SUITE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR.
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2455704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DR.
SUITE 206
NAPLES, FL 34103 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: P () Delete
Name: LEVY, MICHAEL H
Address: 6710 PELICAN BAY BLVD 435
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: BROWNE, ROBERT
Address: 6710 PELICAN BAY BLVD., #245
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: JOHNSTON, WAYNE
Address: 6710 PELICAN BAY BLVD., #423
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: BROWNE, ROBERT
Address: 6710 PELICAN BAY BLVD., #425
City-St-Zip: NAPLES, FL 34108

Title: T (X) Change () Addition
Name: KANEY, JUDY
Address: 6710 PELICAN BAY BLVD., #445
City-St-Zip: NAPLES, FL 34108

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: MICHAEL LEVY

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date