2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 769358

Entity Name: INTERLACHEN DEVELOPMENT SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2454682 **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.
STE. #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: S ( ) Delete
Name: KANEY, JIM
Address: 6710 RELICAN BAY BLVD., #445
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete
Name: CRAIG, GORDON
Address: 6770 PELICAN BAY BLVD, #222
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete
Name: GALLO, NANCY
Address: 6820 PELICAN BAY BLVD, #143
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: YOUNG, BERNON
Address: 6760 PELICAN BAY BLVD., #334
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete
Name: MAC MINN, BOB
Address: 6724 PELICAN BAY BLVD.
City-St-Zip: NAPLES, FL 34108

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: D (X) Change ( ) Addition
Name: ROGERS, AMY
Address: 6760 PELICAN BAY BLVD., #314
City-St-Zip: NAPLES, FL 34108

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: NANCY GALLO P 04/17/2008

Electronic Signature of Signing Officer or Director — Date