2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State

DOCUMENT # N0700000549 1. Entity Name INTERLAKEN HOMEOWNERS ASSOCIATION, INC.						02-19-2008 90020 016 ****61.25				
Principal Place of Business 3450 WEST 84 STREET #201 HIALEAH, FL 33018		3450	Mailing Address 3450 WEST 84 STREET #201 HIALEAH, FL 33018			, í.				
	100 Paril	La	Cara Andreas		·					-
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				III (861) Palki Bakii Agi	30 0 0 1 1 1 1 1	YIIT MIMID (BII)	ILI UL IBEL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082008	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number			7	plied For Applicable	
Zip	Country		Zip Co		untry	5. Certificate of Status Desired See Required Fee Required			itional	
	6. Name and Address of Curren	nt Registere	ed Agent			7. Name and A	ddress of New F			
					Name					
GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201					Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH,										
					City		-	FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its re	egistere	ed office or register	ed agent, or both,	in the State of Fig	orida. I am fam	iliar with, a	and accept
(ne obligat	iona of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	olicable. (NOTE:	Registere	nd Agent signature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	, Floi	lake check po rida Departme	ent of St	até
10.	OFFICERS AND D	DIRECTORS	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHAP	NGES TO OFFICE			
TITLE NAME	D GRAVERAN, NELSON		☐ Delete	TITL				L] Change	☐ Addition
STREET ADDRESS	3450 WEST 84 STREET #201			STRE	EET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33018		· · <u></u> · · ·	₩	Y-ST-ZIP			•		
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12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify mat 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 deport 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 accress, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/15/08

305 - 557- 125

Daytime Phone #