


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90455 016 \*\*\*\*61.25

<b>DOCUMENT # N17781</b> 1. Entity Name <b>INTERLAKE CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O FRANCES A COLLEY EA 209 US 27 SOUTH LAKE PLACID, FL 33852</b>			Mailing Address <b>C/O FRANCES A COLLEY EA 209 US 27 SOUTH LAKE PLACID, FL 33852</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2758897</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLLEY, FRANCES A 209 US 27 SOUTH LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCRITE, MARY		NAME		
STREET ADDRESS	522 LAKE CLAY DR S		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACAULEY, HELEN		NAME	George SHELLEY	
STREET ADDRESS	500 LAKE CLAY DR SO		STREET ADDRESS	526 Lake Clay Dr S	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHIRLEY, FINNEMEYER		NAME	ZAIDA MARTINEZ	
STREET ADDRESS	520 LAKE CITY DRIVE S		STREET ADDRESS	504 Lake Clay Dr S	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE		
NAME	MACALLEY, HELEN		NAME		
STREET ADDRESS	500 LAKE CLAY DR SO		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Mary N. McCrite</i> <b>Mary N McCrite President 4-27-05 863-465-6473</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					