

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90152 030 ****61.25

14007121



DOCUMENT # N29018					
1. Entity Name INTERLACHEN ON THE GREEN ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 33940			Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US		
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 65-0122556	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	MEAD, WAYLAND		NAME	STILES, ROBERT	
STREET ADDRESS	6760 PELICAN BAY BLVD 344		STREET ADDRESS	6760 PELICAN BAY BLVD. #312	
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP	NAPLES, FL 34108	
TITLE	VD	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	RODGERS, AMY		NAME	RODGERS, AMY	
STREET ADDRESS	6760 PELICAN BAY BLVD #314		STREET ADDRESS	6760 PELICAN BAY BLVD. #314	
CITY - ST - ZIP	NAPLES, FL 34108		CITY - ST - ZIP	NAPLES, FL 34108	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DALESSIO, TONY		NAME		
STREET ADDRESS	6760 PELICAN BAY BLVD #323		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34108		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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.					
SIGNATURE:			4/5/05 (239) 566-8611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		