FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29935** **(6)**

1. Corporation Name

147 INTERLACHEN PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% B&C CORPORATE SERVICES OF CENTRAL FL 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801	% B&C CORPORATE SERVICES OF CENTRAL FL 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1988**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-3014365** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL., INC
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	THIELE, EARL	1.2 NAME	Alan H. Ginsburg	
STREET ADDRESS	2200 LUCIEN WAY, 450	1.3 STREET ADDRESS	2200 Lucien Way, Ste. 450	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	Maitland, FL	
TITLE	VD	2.1 TITLE	VD	XX Change ☐ Addition
NAME	GINSBURG, ALAN H.	2.2 NAME	Robert Musante	
STREET ADDRESS	2200 LUCIEN WAY, 450	2.3 STREET ADDRESS	147 Interlachen, #450	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	STD	3.1 TITLE	SD	XX Change ☐ Addition
NAME	GINSBURG, ALAN H.	3.2 NAME	Harriet F. Ginsburg	
STREET ADDRESS	2200 LUCIEN WAY, 450	3.3 STREET ADDRESS	2200 Lucien Way, Ste. 450	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE		4.1 TITLE	TD	XX Change ☐ Addition
NAME		4.2 NAME	Donald Collins	
STREET ADDRESS		4.3 STREET ADDRESS	147 Interlachen, #101	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4 & 1 95 407/660-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003M3