

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # N29935 (6)

1. Corporation Name

147 INTERLACHEN PLACE CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

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

Mailing Address

% B&C CORPORATE SERVICES OF CENTRAL FL
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801-1641

2. Principal Place of Business

21 2200 Lucien Way

22 Ste. 450

23 Maitland, FL

24 32751 Country USA

2a. Mailing Address

26 P.O. Box 4961

Suite, Apt. #, etc.

27 Orlando, FL

29 32802-4961 Country USA

3. Date Incorporated or Qualified
12/29/1988

3a. Date of Last Report
03/18/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GINSBURG, ALAN H
STREET ADDRESS 2200 LUCIEN WAY, 450
CITY-ST-ZIP MAITLAND FL

TITLE VD
NAME MUSANTE, ROBERT
STREET ADDRESS 147 INTERLACHEN, #450
CITY-ST-ZIP WINTER PARK FL

TITLE STD
NAME GINSBURG, HARRIET F
STREET ADDRESS 2200 LUCIEN WAY, 450
CITY-ST-ZIP MAITLAND FL

TITLE TD
NAME COLLINS, DONALD
STREET ADDRESS 147 INTERLACHEN, #101
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)