

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90039 029 ****61.25

DOCUMENT # N29935

1. Corporation Name

147 INTERLACHEN PLACE CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

1551 SANDSPUR ROAD
MAITLAND FL 32751
US

Mailing Address

P O BO 4961
ORLANDO FL 32802-4961
US



2. Principal Place of Business

21 147 INTERLACHEN PL

Suite, Apt. #, etc.

22 #150

City & State

23 WINTER PARK FL

Zip

24 32789

Country

25 ORANGE

2a. Mailing Address

26 147 INTERLACHEN PL

Suite, Apt. #, etc.

27 #150

City & State

28 WINTER PARK FL

Zip

29 32789

Country

30 ORANGE

3. Date Incorporated or Qualified

12/29/1988

4. FEI Number

59-3014365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

WILLIAM B BOYD

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

147 INTERLACHEN PL

83

#250

84 City

WINTER PARK

FL

85 Zip Code

32789

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

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

William B Boyd - VP

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 ☐ DELETE

NAME MAHAN, MARYANN

STREET ADDRESS 147 SOUTH INTERLACHEN AVE. #150

CITY-ST-ZIP WINTER PARK FL 32789

TITLE DVT ☐ DELETE

NAME BOYD, BILL

STREET ADDRESS 147 SOUTH INTERLACHEN AVE. #250

CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME GINSBURG, ALAN H

STREET ADDRESS 1551 SANDSPUR ROAD

CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-12-99

407-741-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98