

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90318 045 \*\*\*\*61.25

0000662

**DOCUMENT # N29935**

1. Entity Name

**147 INTERLACHEN PLACE CONDOMINIUM ASSOCIATION, I**

**00030656**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3014365**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HART, JAMES W JR.**  
**SENTRY MANAGEMENT, INC.**  
**2180 WEST SR 434, SUITE 5000**  
**LONGWOOD FL 32779-5000**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Delete  
**PD**  
**MAHAN, SCOTT**  
STREET ADDRESS **147 SOUTH INTERLACHEN AVE. #150**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE NAME ☐ Change ☒ Addition  
**PD**  
**SHELL, ALFRED**  
STREET ADDRESS **147 INTERLACHEN PL #150**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE NAME ☐ Delete  
**VTD**  
**STRAHAN, SCOTT**  
STREET ADDRESS **147 SOUTH INTERLACHEN AVE. #250**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE NAME ☒ Change ☐ Addition  
**STD**  
**147 INTERLACHEN PL #300**

TITLE NAME ☒ Delete  
**D**  
**GINSBURG, ALAN H**  
STREET ADDRESS **1551 SANDSPUR ROAD**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE NAME ☐ Change ☒ Addition  
**VD**  
**KAKOS, MICHAEL**  
STREET ADDRESS **147 INTERLACHEN PL #450**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**ALFRED S. Schell**

**3-17-2001 898-0031**

Date

Daytime Phone #

CR2E037 (10/00)