

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29935

FILED
Mar 29, 2004
Secretary of State**Entity Name:** 147 INTERLACHEN PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US**New Mailing Address:****FEI Number:** 59-3014365**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795000 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: PILEGGI, GARY F
Address: 147 LUTHERLACHIAN PLACE #200
City-St-Zip: WINTER PARK, FL 32789**Title:** VPD () Delete
Name: BOYD, WILLISM B
Address: 147 LUTHERLACHAN PLACE #250
City-St-Zip: WINTER PARK, FL 327894403**Title:** VD () Delete
Name: KAKOS, MICHAEL
Address: 147 INTERLACHEN PL #450
City-St-Zip: WINTER PARK, FL 32789**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: PILEGGI, GARY F
Address: 147 INTERLACHEN PL #200
City-St-Zip: WINTER PARK, FL 32789**Title:** VPD (X) Change () Addition
Name: BOYD, WILLIAM B
Address: 147 INTERLACHEN PL #250
City-St-Zip: WINTER PARK, FL 327894403**Title:** STD (X) Change () Addition
Name: KAKOS, MICHAEL J
Address: 147 INTERLACHEN PL #450
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY F PILEGGI

PD

03/29/2004

Electronic Signature of Signing Officer or Director_____
Date