

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29935

FILED
Apr 23, 2009
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: KAKOS, MICHAEL J
Address: 147 INTERLACHEN PL #450
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: BOYD, WILLIAM
Address: 147 INTERLACHEN PL #250
City-St-Zip: WINTER PARK, FL 32789

Title: STD () Delete
Name: MCBRIDE, AIMEE F
Address: 147 INTERLACHEN PL #350
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: KAKOS, MICHAEL J
Address: 147 INTERLACHEN PL #450
City-St-Zip: WINTER PARK, FL 32789

Title: PD (X) Change () Addition
Name: TAYLOR, ROBERT
Address: 147 INTERLACHEN PL #200
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT TAYLOR

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date