FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 MAY -1 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19604

1. Corporation Name
The Shoppes of Interlachen, Inc.

Principal Place of Business	Mailing Address
1035 S. Semoran Blvd. Suite 1007 Winter Park, FL 32792	1035 S. Semoran Blvd Suite 1007 Winter Park, FL 32792

2. Principal Place of Business	c/o Associated Capital Properties, Inc. 201 Pine Street	2a. Mailing Address	701 Brickell Avenue
Suite, Apt. #, etc.	Suite 701	Suite, Apt. #, etc.	Suite 3000
City & State	Orlando, FL	City & State	Miami, FL
Zip / Country	32801	Zip / Country	33131

3. Date Incorporated or Qualified: 12/18/90
3a. Date of Last Report: 7/8/96
4. FEI Number: 59-3044091 ☐ 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

James R. Heistand
1035 S. Semoran Blvd
Suite 1007
Winter Park, FL 32792

10. Name and Address of New Registered Agent

81 Name: Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Intrastate Registered Agent Corporation
Steven Hamilton Vice President (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	DVPS ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
ME	James R. Heistand	1.2 NAME	James R. Heistand
REET ADDRESS	1035 S. Semoran Blvd.	1.3 STREET ADDRESS	201 Pine Street Suite 701
IY-ST-ZIP	Winter Park, FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
LE ☐ DELETE		2.1 TITLE	D/EVP/S/AT ☐ Change ☒ Addition
AME		2.2 NAME	Allen de Olazarra
EET ADDRESS		2.3 STREET ADDRESS	201 Pine Street Suite 701
Y-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32801
E ☐ DELETE		3.1 TITLE	D/VP/T/AS ☐ Change ☒ Addition
AE		3.2 NAME	Dale Johannes
EET ADDRESS		3.3 STREET ADDRESS	201 Pine Street Suite 701
-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32801
☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
E		4.2 NAME	
ET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

200002161652--7
-05/01/97--01033--018
***3630.00 ***165.00

5-1-97

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Heistand, President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR
Date