# 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N15000001046

Entity Name: SOUTH INTERLACHEN PLACE HOMEOWNERS' ASSOCIATION,

# **Current Principal Place of Business:**

760 FLORIDA CENTRAL PKWY SUITE# 200 LONGWOOD, FL 32750

# **Current Mailing Address:**

C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200 LONGWOOD, FL 32750 US

FEI Number: 47-3796672 Certificate of Status Desired: No.

### Name and Address of Current Registered Agent:

HMI C/O HMI 760 FLORIDA CENTRAL PKWY SUITE# 200 LONGWOOD, FL 32750 US

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: LORIE FULKES, BRANCH PRESIDENT

05/26/2021

**FILED** 

May 26, 2021

**Secretary of State** 0937930071CC

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

200

Title **PRESIDENT** Title SECRETARY ROSSMAN, NANCY A ROSSMAN, RUTH J Name Name

Address C/O HMI Address C/O HMI

> 760 FLORIDA CENTRAL PKWY 760 FLORIDA CENTRAL PKWY SUITE#

> > 200

SUITE#200

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

VΡ Title Title **TREASURER** BRYAN, PAUL F Name SANTOS, FRANK Name

Address C/O HMI Address C/O HMI

760 FLORIDA CENTRAL PKWY SUITE# 760 FLORIDA CENTRAL PKWY SUITE#

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

I hereby 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 all other like empowered.

05/26/2021 SIGNATURE: NANCY ROSSMAN **PRESIDENT**