FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90073 017 ****61.25

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DOCUMENT # 726120

1. Corporation Name

LAS VISTA IN INVERRARY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3533 INVERRARY DRIVE LAUDERHILL FL 33319	3533 INVERRARY DRIVE LAUDERHILL FL 33319

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/13/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1521834 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~GATSOS, ELAINE M~~
~~1499 W. PALMETTO PARK RD.~~
~~BOCA RATON FL 33486~~

10. Name and Address of New Registered Agent

81 Name: BECKER & POLIAKOFF
82 Street Address (P.O. Box Number is Not Acceptable): EMERALD LAKE CORP. PARK
83: 3111 STERLING ROAD
84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Harold Shickler Pres. 2/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Addition
NAME	EDWARD MILLER		1.2 NAME	
STREET ADDRESS	3521 INVERRARY DR J202		1.3 STREET ADDRESS	Harold Shickler 3521 Inverrary Drive J110 Lauderhill, FL 33319
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HERMAN BENDER	name incorrect	2.2 NAME	
STREET ADDRESS	3571 INVERRARY DR		2.3 STREET ADDRESS	Herman Bendler D103 3571 Inverrary Drive Lauderhill, FL 33319
CITY-ST-ZIP	LAUDERHILL FL 33319		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	IRWIN LEHMANN		3.2 NAME	
STREET ADDRESS	3501 INVERRARY DR L104		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANCES ROSE		4.2 NAME	
STREET ADDRESS	3501 INVERRARY DR L205		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JACK JACOBS		5.2 NAME	
STREET ADDRESS	3551 INVERRARY DR F110		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Harold Shickler 2/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #