

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744679 (2)
1. Corporation Name
THE VILLAS OF INVERRARY ASSOCIATION, INC.



Principal Place of Business 5721 LIME HILL RD LAUDERHILL FL 33319 US	Mailing Address 5721 LIME HILL RD LAUDERHILL FL 33319-5014 US
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2. Principal Place of Business 21 5717 LIME HILL RD		2a. Mailing Address 26 6251 SW 35TH ST		3. Date Incorporated or Qualified 10/23/1978	3a. Date of Last Report 03/15/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
23 City & State LAUDERHILL, FL		28 City & State MIRAMAR, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33319		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 Zip 33023		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOODS, JO ANN 5721 LIME HILL RD LAUDERHILL, FL FL 33319				10. Name and Address of New Registered Agent 81 Name DAHLIA MOODY LAMBERT 82 Street Address (P.O. Box Number is Not Acceptable) 6251 SW 35TH STREET 83 84 City MIRAMAR FL 85 Zip Code 33023	
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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 *Dahlia Moody Lambert* DATE 4-14-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESTECKY, DAVE	1.2 NAME	DAHIA MOODY LAMBERT
STREET ADDRESS	5812 LIME HILL RD	1.3 STREET ADDRESS	6251 SW. 35TH STREET
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, JO A	2.2 NAME	PAUL LEVIN
STREET ADDRESS	5121 LIME HILL RD	2.3 STREET ADDRESS	5713 LIME HILL RD
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL, 33319
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANNER, DEBBIE	3.2 NAME	FRANKIE MATHIS
STREET ADDRESS	5812 LIME HILL RD	3.3 STREET ADDRESS	5717 LIME HILL RD
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	LAUDERHILL, FL, 33319
TITLE	TDS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, JULIE	4.2 NAME	
STREET ADDRESS	5810 LIME HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E037 (9/96)