

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90161 050 ****61.25

DOCUMENT # 744679

1. Corporation Name

THE VILLAS OF INVERRARY ASSOCIATION, INC.

Principal Place of Business

5610 LIME HILL RD
LAUDERHILL FL 33319
US

Mailing Address

5610 LIME HILL RD
LAUDERHILL FL 33319
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/23/1978

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

PATTERSON, LINDA
5610 LIME HILL RD
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name NORTHSTAR PROPERTY MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable)
6661 HOLLOWAY CIRCLE
83 DEERFIELD BEACH FL 33442
84 City FL 85 Zip Code

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 PAUL H. LEVINE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME PATTERSON, LINDA
STREET ADDRESS 5610 LIME HILL RD
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE TD ☐ DELETE
NAME LAMBERT, DAHLIA MOODY
STREET ADDRESS 6251 SW 35TH ST
CITY-ST-ZIP MIRAMAR FL 33023

TITLE SD ☐ DELETE
NAME WOODS, JOANNE
STREET ADDRESS 5721 LIME HILL RD
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE SD ☒ DELETE
NAME MATHIS, FRANKIE
STREET ADDRESS 5717 LIME HILL RD
CITY-ST-ZIP LAUDERHILL FL

TITLE VICE PRESIDENT ☐ DELETE
NAME DAVE MESTECKY
STREET ADDRESS 5612 LIME HILL RD
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

Daytime Phone #

954.485-2780

CR2E037_ (11/98)