FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **746792** **(1)**

1. Corporation Name

THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MWI PROPERTY MANAGEMENT 3500 GATEWAY DR., SUITE 202 POMPANO BEACH FL 33069	C/O MWI PROPERTY MANAGEMENT 3500 GATEWAY DR., SUITE 202 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 04/19/1979

3a. Date of Last Report: 04/24/1995

4. FEI Number: 65-0188836 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WINESER, STANLEY
6741 N.W. 46TH CT
3500 GATEWAY DR., SUITE 202
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name: CHRISTOPHER J. FLUEHR

82 Street Address (P.O. Box Number is Not Acceptable): 9373 ROCK ISLAND ROAD

83

84 City: LAUDERHILL FL 85 Zip Code: 33319

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: Christopher J. Fluehr — 3/12/96
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	☐ Change ☐ Addition
NAME	BREWER, KERRY		1.2 NAME	
STREET ADDRESS	6721 N.W. 45TH CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP	
TITLE	DS	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WINESER, STANLEY		2.2 NAME	
STREET ADDRESS	6741 N.W. 46TH CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAUCHER, SONIA		3.2 NAME	
STREET ADDRESS	6921 NW 46TH CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CIOLEK, DORIAN		4.2 NAME	
STREET ADDRESS	6801 N.W. 45TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILKINS, JAMES		5.2 NAME	
STREET ADDRESS	4521 N.W. 70TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sonia Gaucher — SONIA GAUCHER — 3/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #