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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 4373 ROCK ISLAND RD LAUDERHILL FL 33319 US	C/O MWI PROPERTY MANAGEMENT 4373 ROCK ISLANDS RD LAUDERHILL FL 33319 US

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

4. FEI Number: 65-0188836 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLUEHR, CHRISTOPHER
4373 ROCK ISLAND RD
3500 GATEWAY DR., SUITE 202
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~HOWARD, WYLIE L SR~~ ~~6920 N.W. 44 CT~~ ~~LAUDERHILL FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD BOBBIE MAEL 4571 N.W. 70TH AVE LAUDERHILL, FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~SARAKA, ROBERT~~ ~~6734 N.W. 46 CT~~ ~~LAUDERHILL FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD DELORES WILLIS 6711 N.W. 46th ct, LAUDERHILL, FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~WILKINS,~~ ~~4524 N.W. 70 AVE~~ ~~LAUDERHILL FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD WYLIE HOWARD 6920 N.W. 44TH CT, LAUDERHILL, FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ TD ~~KRAMMER, MERYL~~ ~~6901 N.W. 46 ST~~ ~~LAUDERHILL FL~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D SHALOM OFFIR 4550 N.W. 70TH AV, LAUDERHILL FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~SEIDENBERG, DONNA~~ ~~6920 N.W. 46 CT~~ ~~LAUDERHILL FL~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

MERYL KRAMMER

SIGNATURE: _____

954
739-1600