

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90016 031 *****61.25

0047337

DOCUMENT # 746792

1. Entity Name

THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

4501 N.W. 70 AVE.
 LAUDERHILL FL 33319
 US

4501 N.W. 70 AVE.
 LAUDERHILL FL 33319
 US

643720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6921 NW 45th COURT

6921 NW 45th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

4. FEI Number

65-0188836

Applied For

Not Applicable

Zip
 33319

Country
 Broward

Zip
 33319

Country
 Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, RICHARD
 4501 N.W. 70 AVE.
 LAUDERHILL FL 33319

Name

JAMES HAYES

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

6921 NW 45th COURT

City

LAUDERHILL

FL

Zip Code

33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

James Hayes, Jr. PRESIDENT

4-19-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	CAMPBELL, RICHARD	
STREET ADDRESS	4501 N.W. 70 AVE.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD	☒ Delete
NAME	KITSON, PHYLISS	
STREET ADDRESS	6820 N.W. 45TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VD	☒ Delete
NAME	SIMMONS, MORRIS	
STREET ADDRESS	6721 N.W. 46TH CT.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	TD	☐ Delete
NAME	KLIGFELD, EDWARD	
STREET ADDRESS	4580 N.W. 67TH TERR.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	☒ Delete
NAME	BERGER, HOWARD	
STREET ADDRESS	4550 N.W. 67TH TERR.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	JAMES HAYES	
STREET ADDRESS	6921 NW 45th COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	SD	☒ Change ☐ Addition
NAME	BRENDA ALDAMA	
STREET ADDRESS	6761 NW 45th COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	VD	☒ Change ☐ Addition
NAME	JULIAN DWYER	
STREET ADDRESS	4421 NW 70 AVENUE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD GLENNIS SIMMONS	☒ Change ☐ Addition
NAME		
STREET ADDRESS	6721 NW 46th COURT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Kliffeld
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01 854-548-8238

CR2E037 (10/00)