2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # 746792** 1. Entity Name 03-25-2002 90120 005 ****61 25 THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6921 NW 45TH CRT 6921 NW 45TH CRT LAUDERHILL FL 33319 LAUDERHILL FL 33319 USiv 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0188836 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAYES, JAMES 6921 NW 45TH CRT LAUDERHILL FL 33319 City 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 gnature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Addition Change ☐ Delete TITLE TITLE HAYES, JAMES NAME NAME 6921 NW 45TH CRT STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Addition ☐ Change Delete TITLE TITLE ALDAMA, BRENDA NAME NAME 6761 NW 45TH CRT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-7IP ☐ Addition VD Change ☐ Delete TITLE PD TITLE DWYEN, JULIAN NAME NAME 4421 NW 70TH AVE STREET ADDRESS STREET ADDRESS **LAUDERHILL FL 33319** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE KLIGFELD, EDWARD NAME NAME 4580 N.W. 67TH TERR. STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP DVP 3 D ☐ Addition TITLE Change ☐ Delete TITLE SIMMONS, GLENNIE NAME NAME 6721 NW 46TH CRT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MAEL, BOBBIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUDERHILL** 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 trastee empowered to execute this eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED