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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755398 (5)

1. Corporation Name

INVERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5500 NW 44TH ST
LAUDERHILL FL 33319

Mailing Address

5500 NW 44TH ST
LAUDERHILL FL 33319-61493. Date Incorporated or Qualified
12/05/19803a. Date of Last Report
02/21/1996

4. FEI Number

59-2044793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COURTNEY, PATRICIA A.
5570 NW 44TH ST.
Apt A 201
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SAMPSON, HARVEY
STREET ADDRESS 5550 NW 44TH STREET B 215
CITY-ST-ZIP LAUDERHILL FL☐ DELETETITLE D
NAME KING, TOM
STREET ADDRESS 5570 N.W. 44TH ST C 409
CITY-ST-ZIP LAUDERHILL FL☒ DELETETITLE DS
NAME GILBERT, RUTH
STREET ADDRESS 5412 BAYNON LANE
CITY-ST-ZIP TAMARAC FL☒ DELETETITLE T
NAME WEISZ, MARTY
STREET ADDRESS 7699 NW 79 AVE APT 101
CITY-ST-ZIP TAMARAC FL☐ DELETETITLE VP
NAME SHAW, STANLEY
STREET ADDRESS 5550 NW 44TH STREET B218
CITY-ST-ZIP LAUDERHILL FL☒ DELETETITLE D
NAME COHEN, BERNIE
STREET ADDRESS 5550 NW 44TH ST B 404
CITY-ST-ZIP LAUDERHILL FL☒ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Director

☒ Change☐ Addition

Angelo Bondi

5530 N.W. 44th St C 307

Lauderhill FL 33319

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D Secretary

☒ Change☐ Addition

Jo-Anne Shapiro

5530 N.W. 44th St C 404

Lauderhill FL 33319

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Vice President

☒ Change☐ Addition

Ann Rosenthal

5530 N.W. 44th St

Lauderhill FL 33319

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director

☒ Change☐ Addition

Robertta Hutner

5550 N.W. 44th St B 216

Lauderhill FL 33319

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY SAMPSON (954) 731-0100

CR2E037 (9/96)