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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755398

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



2. Principal Place of Business

21 5500 N.W. 44th ST

Suite, Apt. #, etc.

22

City & State

23 LAUDERHILL FLA

Zip

24 33319

Country

25 BROWARD

2a. Mailing Address

26 5500 N.W. 44th ST

Suite, Apt. #, etc.

27 LAUDERHILL FLA

City & State

28

Zip

29 33319

Country

30 BROWARD

3. Date Incorporated or Qualified

12/05/1980

4. FEI Number

59-2044793

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

9. Name and Address of Current Registered Agent

COURTNEY, PATRICIA A.
5570 NW 44TH ST.

LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

PATRICIA COURTNEY

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

5500 N.W. 44th ST

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 *Patricia Courtney*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS SAMPSON, HARVEY
CITY-ST-ZIP 5550 NW 44TH STREET B 215
LAUDERHILL FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BESPFLU, A;
CITY-ST-ZIP 5570 N W 44TH ST., A416
LAUDERHILL FL 33319

TITLE ☒ DELETE

NAME DS
STREET ADDRESS SHAPIRO, JO-ANNE
CITY-ST-ZIP 5530 N.W. 44TH ST., C404
TAMARAC FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS WEISZ, MARTY
CITY-ST-ZIP 7699 NW 79 AVE APT 101
TAMARAC FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS ROSENTHAL, ANN
CITY-ST-ZIP 5530 N.W. 44TH ST.
LAUDERHILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BESOFKY, ALVIN
(NAME WAS SPELLED IN CORRECTLY)

SECRETARY
LINDA PERILLO
5570 N.W. 44th ST APT. A 103
LAUDERHILL FLA 33319

DIRECTOR
IRV SCHINDLER
5570 N.W. 44th ST APT. A 302
LAUDERHILL FLA 33319

DIRECTOR
SID SHAPIRO
5530 N.W. 44th ST C 404
LAUDERHILL FLA 33319

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-17-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)