

FILED
Apr 07, 2006 8:00 am
Secretary of State


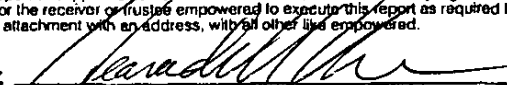
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-17-2006 90124 049 ****61.25

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02162006 Chg-NP CR2E037 (11/05)

DOCUMENT # N07282			
1. Entity Name HORIZONS OF INVERRARY CONDOMINIUM D ASSOCIATION, INC.			
Principal Place of Business C/O BENCHMARK PROP. MNGMT 7932 WILES ROAD POMPANO BEACH, FL 33067 US		Mailing Address C/O BENCHMARK PROP. MNGMT 7932 WILES ROAD POMPANO BEACH, FL 33067 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2778167		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PUBENSTEIN, ROBERT ESQ 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROÉDER, BLANCHE 7050 NW 44 ST., #603 FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Timmons, Shirley 7050 NW 44 ST # 707 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZGERLAD, BARBARA 7050 NW 44 ST., #805 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shankman, Marilyn 7050 NW 44 ST #804 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTIFARANO, MARION 7050 NW 44 STREET #808 LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosenberg, Sol 7050 NW 44th ST # 806 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHANKMAN, SIDNEY 7050 NW 44 STREET FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Smith, Donna 7050 NW 44 ST #509 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CAROL 7050 NW 44 ST., #208 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Umminger, Pearl 7050 NW 44 ST #504 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNON, JACKIE 7050 NW 44 ST., #403 LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vernon, Jackie 7050 NW 44 ST #403 Lauderhill, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 2/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	