

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N07822 (2)
1. Corporation Name
THE INVERRARY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4950 NW 72ND TERR LAUDERHILL FL 33319 US	Mailing Address 4749 NW 75TH AVE LAUDERHILL FL 33319-3448 US
--	--

3. Date Incorporated or Qualified 02/25/1985	3a. Date of Last Report 04/03/1996
4. FEI Number 59-2500629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

9. Name and Address of Current Registered Agent
**O'NEILL, BRIAN
4950 NW 72ND TERR
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	STENNETT, MARJORIE
STREET ADDRESS	4749 NW 75TH AVE
CITY-ST-ZIP	LAUDERHILL FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GIBSON, SHARON
STREET ADDRESS	5210 NW 73RD TERR
CITY-ST-ZIP	LAUDERHILL FL
TITLE	V <input type="checkbox"/> DELETE
NAME	PEDLAR, VICTOR
STREET ADDRESS	7377 NW 48TH CT
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MUNZO, ANDRES
STREET ADDRESS	7285 NW 49TH CT
CITY-ST-ZIP	LAUDERHILL FL
TITLE	P <input type="checkbox"/> DELETE
NAME	ONEILL, BRIAN
STREET ADDRESS	4950 NW 72 TERRACE
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, KATIE
STREET ADDRESS	4451 NW 72ND AVE
CITY-ST-ZIP	LAUDERHILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL TAFFE - SECRETARY
2.3 STREET ADDRESS	6760 N.W. 47th PL.
2.4 CITY-ST-ZIP	LAUDERHILL FL 33319
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR GREG JOHNSON
6.3 STREET ADDRESS	7374 N.W. 48th CT.
6.4 CITY-ST-ZIP	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: *Brian O'Neill* **4/5/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (9/96)