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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 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 US**

3. Date Incorporated or Qualified: **02/25/1985**

4. FEI Number: **59-2500629** 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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **6760 NW 47 PL**
 Suite, Apt. #, etc.

22
 City & State: **LAUDERHILL, FL**
 Zip: **33319** Country: **US**

2a. Mailing Address

26 **6760 NW 47 PL**
 Suite, Apt. #, etc.

27
 City & State: **LAUDERHILL, FL**
 Zip: **33319** Country: **US**

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: **CAROL TAFFE**

82 Street Address (P.O. Box Number is Not Acceptable):
6760 NW 47 PL

83
6760 NW 47 PL

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: *Carol Taffe* DATE: **3-3-98**

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 P	<input type="checkbox"/> DELETE
NAME	TAFFE, CAROL	
STREET ADDRESS	6760 NW 47TH PL	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PEDLAR, VICTOR	
STREET ADDRESS	7377 NW 48TH CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNZO, ANDRES	
STREET ADDRESS	7285 NW 49TH CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ONEILL, BRIAN	
STREET ADDRESS	4950 NW 72 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GREG	
STREET ADDRESS	7374 NW 48TH CT	
CITY-ST-ZIP	LAUDERHILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VINETTE ALLEN	
1.3 STREET ADDRESS	7275 NW 53 ST	
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33319	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT IRVINE	
3.3 STREET ADDRESS	4950 NW 73 AVE	
3.4 CITY-ST-ZIP	LAUDERHILL FL 33319	
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CEDRIC JOHNSON	
5.3 STREET ADDRESS	7271 NW 47 PL	
5.4 CITY-ST-ZIP	LAUDERHILL, FL 33319	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Carol Taffe* President 3-3-98 (954) 572-6641

CR2E037 (10/97)