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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N07822

1. Corporation Name

THE INVERRARY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6760 NW 47TH PL
 LAUDERHILL FL 33319
 US

Mailing Address

6760 NW 47TH PL
 LAUDERHILL FL 33319
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

TAFFE, CAROL
 6760 NW 47TH PL
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STENNETT, MARJORIE	
STREET ADDRESS	4749 NW 75TH AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAFFE, CAROL	
STREET ADDRESS	6760 NW 47TH PL	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	IRVINE, ROBERT	
STREET ADDRESS	4950 NW 73RD AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUNZO, ANDRES	
STREET ADDRESS	7285 NW 49TH CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CEDRIC	
STREET ADDRESS	7271 NW 47TH PL	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input checked="" 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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, IDELLA	
1.3 STREET ADDRESS	7345 NW 48th Ct.	
1.4 CITY-ST-ZIP	Lauderhill, FL	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALLEN, VINETTE	
2.3 STREET ADDRESS	7275 NW 53rd Ave.	
2.4 CITY-ST-ZIP	Lauderhill, FL	
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 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)(l), 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* 3-3-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)