

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00-90031-001-\$61.25-\$61.25

DOCUMENT # N07822

1. Entity Name

THE INVERRARY HOMEOWNERS ASSOCIATION, INC.

FILED

00 JUN -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6760 NW 47TH PL
LAUDERHILL FL 33319
US

6760 NW 47TH PL
LAUDERHILL FL 33319-3402
US

2. Principal Place of Business

7345 NW 48 CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 25674

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL

City & State

TAMARAC, FL

4. FEI Number

59-2500629

Applied For

Not Applicable

Zip

33319

Country

US

Zip

33320

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAFFE, CAROL
6760 NW 47TH PL
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name: ROBERT IRVINE
Street Address (P.O. Box Number is Not Acceptable): 4950 NW 73 AVE
City: LAUDERHILL FL Zip Code: 33319

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.

SIGNATURE: *[Signature]* VICE PRESIDENT

4/25/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	JOJOHNSON, IDELLA	
STREET ADDRESS	7345 NW 48TH CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	VINETTE-ALLEN	
STREET ADDRESS	7275 NW 53RD AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	V/D	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, IDELLA	
STREET ADDRESS	7345 48TH CT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDFORD, JUANITA	
STREET ADDRESS	7417 NW 49 STREET	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINETTE, ALLEN	
STREET ADDRESS	7275 NW 53RD AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE, ROBERT	
STREET ADDRESS	4950 NW 73RD AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]* SIGNATURE REQUIRED

4/25/00 (954) 557-0159
Date Daytime Phone #

CR2E037 (9/99)