FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Sandra B. Mortham Secretary of State

Daytime Phone #

1996

SIGNATURE:

SIGNATURE AND TY

DOCUMENT # N9300004279 (6)

THE INVERRARY RESORT HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						—	
3501 INVERRARY BLVD. 3501 INVERRARY BLVD.							
LAUDERHILL FL 33319 LAUDERHILL FL 33319							
777.456					3. Date Incorporated or Qualified 09/22/1993	3a. Date of Last Report 04/10/1995	
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0406094	Applied For Not Applicate	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Count	у	This corporation has liability for interpretation from the Florida Statutes		
	9. Name and Address of Currer				10. Name and Address of New Reg		
100 WES SUITE 70	SPOON MARDER HIRSCHFELD 8 ST CYPRESS CREEK RD. 00 AUDERDALE FL 33309	k rafkin p.a.	8 8 8	Street	Address (P.O. Box Number is Not Acceptable)	85 Zip Code	
11. Pursuant t	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori	2 and 617.1508, Florida Statut da. Such change was authoriz	tes, the above	-named co	orporation submits this statement for the purpo board of directors. I hereby accept the appoint	<u> </u>	
TCOTTOCK PYTO	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes	S.	poradoris	board of directors. Thereby accept the appoint	ment as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NO	OTE: Registered Ag	ent signature i	equired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
IIILE	DP	DELETE	1.1 TITLE			Change Addition	
NAME	OHRMAN, OLOF K		12 NAME				
TREET ADDRESS	3501 INVERRARY BLVD.		1.3 STREE	T ADDRESS			
CITY - S1 - ZIP	LAUDERHILL FL 33319		1.4 CITY-				
111.6	DVP	DELETE	2 1 TITLE	0. 0	900	Change Addition	
IAME:	arzamendi, mario		2 2 NAME			A purele	
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TITY ST-ZIP	LAUDERHILL FL 33319				3501 INVERBARY B	100 to a com	
TLE	DS	DELETE	2 4 CITY 3 1 TITLE	-SI-ZIP	LAU DERHILL FL 3		
IAME	MONZON, ESTHER	Преселе				Change Addition	
TREET ADDRESS	3501 INVERRARY BLVD.		3.2 NAME				
	LAUDERHILL FL 33319			T ADDRESS			
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!RELL ADDRESS			4.3 STREE	T ADDRESS			
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IILE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
AME			5 2 NAME				
IREET ADDRESS			5 3 STREE	T ADDRESS			
ITY - ST - ZiP			54 CITY-	ST-ZIP			
MILE		DELETE	6 1 TITLE			☐ Change ☐ Addition	
AME			62 NAME				
TREET ADDRESS			63 STREE	T ADDRESS			
ITY-ST-2IP	_	^	64 C(TY a	ST. 71P			
 I do hereby certify that oath; that I appears in 	y certify that the information supplied the information indicated on this annu- am an officer or director of the corpo Block 12 or Block 13 if changed, or o	with this filing is voluntarily furn al reporter supplemental and ration of the redeiver or truster in an attrictioned with an addr	ished and doo ual report is tr	s not qua ue and ac to execut	iffy for the exemption stated in Section 119.07(curate and that my signature shall have the san e this report as required by Chapter 617, Florid	3)(k), Florida Statutes. I further ne legal effect as if made under a Statutes; and that my name	

STUER MONZON