


5-8-97 B-6726-C  
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 May 08 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 # N93000004279 (6)  
 1. Corporation Name  
 THE INVERRARY RESORT HOTEL CONDOMINIUM ASSOCIATI  
 ON, INC.



Principal Place of Business Mailing Address  
 3501 INVERRARY BLVD. LAUDERHILL FL 33319  
 3501 INVERRARY BLVD. LAUDERHILL FL 33319-5927

3. Date Incorporated or Qualified 09/22/1993  
 3a. Date of Last Report 02/27/1996  
 4. FEI Number 65-0406094 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
 GREENSPOON MARDER HIRSCHFELD & RAFKIN P.A.  
 100 WEST CYPRESS CREEK RD.  
 SUITE 700  
 FORT LAUDERDALE FL 33309

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 *X* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OHMAN, OLOF K	
STREET ADDRESS	3501 INVERRARY BLVD.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ADOLFINA, DENEND	
STREET ADDRESS	3501 INVERRARY BLVD, #506	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MONZON, ESTHER	
STREET ADDRESS	3501 INVERRARY BLVD.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D.P. Cristina Ramirez
1.3 STREET ADDRESS	3501 Inverrary Blvd.
1.4 CITY-ST-ZIP	LAUDERHILL, FL. 33319
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVP Peter Pappas
2.3 STREET ADDRESS	3501 Inverrary Blvd.
2.4 CITY-ST-ZIP	LAUDERHILL, FL. 33319
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS17 Kamal Khan
3.3 STREET ADDRESS	3501 Inverrary Blvd.
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	<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 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: *X* Kamal Khan **KAMAL KHAN** *X* 4/25/97 954-485-0500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035216

CR2E037 (9/96)