

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722218 (5)

1. Corporation Name

THE LAKES OF INVERRARY CONDOMINIUMS, INC.



Principal Place of Business

Mailing Address

4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319

4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319

3. Date Incorporated or Qualified
12/06/1971

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1405045

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL PROPERTY MANAGEMENT
4373 ROCK ISLAND RD
LAUDERHILL FL 33319

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOTINO, WILLIAM P COL	
STREET ADDRESS	3280 SPANISH MOSS TERRACE	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERSHKOFF, MILTON	
STREET ADDRESS	3360 SPANISH MOSS TERR	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SPECTOR, JESSE	
STREET ADDRESS	3301 SPANISH MOSS TERR	
CITY - ST - ZIP	LAUDERHILL, FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINMAN, HARRIETT	
STREET ADDRESS	3300 SPANISH MOSS TERR	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEMAN, IRENE	
STREET ADDRESS	3301 SPANISH MOSS TERRACE	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERSON, SAM	
STREET ADDRESS	3300 SPANISH MOSS TERRACE	
CITY - ST - ZIP	LAUDERDALE FL 33319	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3330 SPANISH MOSS TERRACE
6.4 CITY - ST - ZIP	LAUDERHILL, 33319

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Milton S. Gershkoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 1996
Date

954-485-1254
Daytime Phone #

CR2E037 (12/95)