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FILED

Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07822 (2)

1. Corporation Name

THE INVERRARY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4950 NW 72ND TERR
LAUDERHILL FL 33319
US4749 NW 75TH AVE
LAUDERHILL FL 33319-3448
US3. Date Incorporated or Qualified
02/25/19853a. Date of Last Report
04/03/1996

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

59-2500629

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

O'NEILL, BRIAN
4950 NW 72ND TERR
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	T	<input type="checkbox"/> DELETE
NAME	STENNETT, MARJORIE	
STREET ADDRESS	4749 NW 75TH AVE	
CITY-ST-ZIP	LAUDERHILL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, SHARON	
STREET ADDRESS	5210 NW 73RD TERR	
CITY-ST-ZIP	LAUDERHILL FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL TAFTE - SECRETARY
2.3 STREET ADDRESS	6760 N.W. 4TH PL.
2.4 CITY-ST-ZIP	LAUDERHILL FL 33319

TITLE	V	<input type="checkbox"/> DELETE
NAME	PEDLAR, VICTOR	
STREET ADDRESS	7377 NW 48TH CT	
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	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUNZO, ANDRES	
STREET ADDRESS	7285 NW 49TH CT	
CITY-ST-ZIP	LAUDERHILL FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	ONEILL, BRIAN	
STREET ADDRESS	4950 NW 72 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, KATIE	
STREET ADDRESS	4451 NW 72ND AVE	
CITY-ST-ZIP	LAUDERHILL FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR GREG JOHNSON
6.3 STREET ADDRESS	7374 N.W. 48TH CT.
6.4 CITY-ST-ZIP	LAUDERHILL FL 33319

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035149

CR2E037 (9/96)