

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745017** (4)  
1. Corporation Name  
**THE 18TH HOLE AT INVERRARY ASSOCIATION, INC.**

Principal Place of Business <b>3900 INVERRARY BLVD E. BLDG. LAUDERHILL FL 33319</b>	Mailing Address <b>3900 INVERRARY BLVD E. BLDG. LAUDERHILL FL 33319</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/22/1978</b>	3a. Date of Last Report <b>04/09/1996</b>
				4. FEI Number <b>59-1879521</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BAKER, BENJAMIN 3900 INVERRARY BLVD., E BLDG. LAUDERHILL FL 33319</b>		10. Name and Address of New Registered Agent 81 Name <b>Pearl J. Weiss</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3900 InvErrary Blvd. E Bldg.</b> 83 84 City <b>Lauderhill</b> FL 85 Zip Code <b>33319</b>	
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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 *Pearl J. Weiss* **Pearl J. Weiss, Secretary** **24 April 1997**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDELSON, NATHAN</b>	1.2 NAME	<b>William Gline</b>
STREET ADDRESS	<b>3930 INVERRARY BLVD</b>	1.3 STREET ADDRESS	<b>3920 InvErrary Blvd</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	1.4 CITY-ST-ZIP	<b>Lauderhill, FL 33319</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLINE, WILLIAM</b>	2.2 NAME	<b>Melvin Bialos</b>
STREET ADDRESS	<b>3920 INVERRARY BLVD</b>	2.3 STREET ADDRESS	<b>3920 InvErrary Blvd.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	2.4 CITY-ST-ZIP	<b>Lauderhill, FL 33319</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, BENJAMIN</b>	3.2 NAME	<b>Robert Goldberg</b>
STREET ADDRESS	<b>3920 INVERRARY BLVD.</b>	3.3 STREET ADDRESS	<b>3940 InvErrary Blvd.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	3.4 CITY-ST-ZIP	<b>Lauderhill, FL 33319</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, BENARD</b>	4.2 NAME	<b>Leah Blasberg</b>
STREET ADDRESS	<b>3940 INVERRARY BLVD</b>	4.3 STREET ADDRESS	<b>3930 InvErrary Blvd.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	4.4 CITY-ST-ZIP	<b>Lauderhill, FL 33319</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, IRVING</b>	5.2 NAME	
STREET ADDRESS	<b>3930 INVERRARY BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, ALFRED</b>	6.2 NAME	<b>Sidney Hertzman</b>
STREET ADDRESS	<b>3910 INVERRARY BLVD.</b>	6.3 STREET ADDRESS	<b>3940 InvErrary Blvd.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	6.4 CITY-ST-ZIP	<b>Lauderhill, FL 33319</b>

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: *William Gline* **William Gline Pres.** **4/11/97** **954-139-6537**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078564

CR2E037 (9/96)