


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07822** (2)
1. Corporation Name
THE INVERRARY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 4950 NW 72ND TERR LAUDERHILL FL 33319 US	Mailing Address 4749 NW 75TH AVE LAUDERHILL FL 33319 US
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2. Principal Place of Business 21 6760 NW 47 PL Suite, Apt. #, etc. 22 City & State 23 LAUDERHILL, FL Zip Country 24 33319 25 US	2a. Mailing Address 26 6760 NW 47 PL Suite, Apt. #, etc. 27 City & State 28 LAUDERHILL, FL Zip Country 29 33319 30 US
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3. Date Incorporated or Qualified 02/25/1985	4. FEI Number 59-2500629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent O'NEILL, BRIAN 4950 NW 72ND TERR LAUDERHILL FL 33319	10. Name and Address of New Registered Agent 81 Name CAROL TAFFE 82 Street Address (P.O. Box Number is Not Acceptable) 83 6760 NW 47 PL 84 City LAUDERHILL FL 85 Zip Code 33319
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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 *Carol Taffe* DATE **3-3-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STENNETT, MARJORIE	1.2 NAME	VINETTE ALLEN
STREET ADDRESS	4749 NW 75TH AVE	1.3 STREET ADDRESS	7275 NW 53 ST
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL. 33319
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFFE, CAROL	2.2 NAME	
STREET ADDRESS	6760 NW 47TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDLAR, VICTOR	3.2 NAME	ROBERT IRVINE
STREET ADDRESS	7377 NW 48TH CT	3.3 STREET ADDRESS	4950 NW 73 AVE
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	LAUDERHILL FL 33319
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNZO, ANDRES	4.2 NAME	
STREET ADDRESS	7285 NW 49TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONEILL, BRIAN	5.2 NAME	CEDRIC JOHNSON
STREET ADDRESS	4950 NW 72 TERRACE	5.3 STREET ADDRESS	7271 NW 47 PL
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GREG	6.2 NAME	
STREET ADDRESS	7374 NW 48TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	

14. I 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: *Carol Taffe* President **3-3-98** (954) 572-6641

CR2E037 (10/97)