2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07822

FILED Jan 31, 2009 Secretary of State

Entity Name: THE INVERRARY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	48 COURT ILL, FL 33319	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	48 COURT ILL, FL 33319	US			
FEI Number:	59-2500629	FEI Number Applied For ()	El Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HERRON, MELVILLE B 5110 NW 75TH AVE FORT LAUDERDALE, FL 33319 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () I JOHNSON, IDEL 7345 NW 48TH C LAUDERHILL, FL	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () I HERRON, MEVIL 5110 NW 75 AVE FORT LAUDERD	<u>:</u>	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I IRVINE, ROBER 4950 NW 73RD A LAUDERHILL, FL	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I FLETCHER, BER 7121 NW 48CT FORT LAUDERD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I SHORTER, JACC 7098 NW 49 CT FORT LAUDERD		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDELLA JOHNSON TD 01/31/2009