

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009017

**FILED  
Feb 20, 2015  
Secretary of State  
CC6313148851**

**Entity Name:** INVERRARY ON THE LAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8320 W. SUNRISE BLVD.  
#207  
PLANTATION, FL 33322

**Current Mailing Address:**

8320 W. SUNRISE BLVD.  
#207  
PLANTATION, FL 33322

**FEI Number: 26-1175792**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEVY, ANDREW  
8320 W SUNRISE BLVD., STE 207  
PLANTATION, FL 33322 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

**Officer/Director Detail :**

Title DP  
Name MAZAR, SHIMON  
Address 8320 W. SUNRISE BLVD. #207  
City-State-Zip: PLANTATION FL 33322

Title DT  
Name LEVY, ANDREW  
Address 8320 W. SUNRISE BLVD. #207  
City-State-Zip: PLANTATION FL 33322

Title DS  
Name TOM, HUSTON G  
Address 1121 MADRUGA AVE. # 401  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE: SHIMON MAZAR**

**PRESIDENT**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date