

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009898

**Entity Name:** THE INVERRARY ASSOCIATION CHARITABLE FOUNDATION, INC.

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**2136912308CC**

**Current Principal Place of Business:**

8010 N. UNIVERSITY DRIVE  
C/O CAMPBELL PROPERTY MANAGEMENT, INC.  
TAMARAC, FL 33321

**Current Mailing Address:**

8010 N. UNIVERSITY DRIVE  
C/O CAMPBELL PROPERTY MANAGEMENT, INC.  
TAMARAC, FL 33321 US

**FEI Number:** 61-1875720

**Certificate of Status Desired:** No

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

LAW OFFICE OF ELAINE M. GATSOS  
5541 N. UNIVERSITY DRIVE, SUITE 102  
CORAL SPRINGS, FL 33067 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:** ELAINE M. GATSOS

**04/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARNEY, TOM  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DRIVE  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            PARRISH, MELVIN  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DRIVE  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            JEANETTE, CATHY  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DRIVE  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER  
Name            EHRLICH, MATHEW F.  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DRIVE  
City-State-Zip: TAMARAC FL 33321

*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:** TOM HARNEY

**PRESIDENT**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date