


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90053 032 \*\*\*\*61.25

<b>DOCUMENT # 721456</b> 1. Entity Name <b>THE INVERRARY ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319-2196</b>				Mailing Address <b>4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319-2196</b>																																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04032007    Chg-NP    CR2E037 (12/06)																																																																																																																									
City & State		City & State		4. FEI Number <b>59-1382933</b>																																																																																																																									
Zip                      Country		Zip                      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>CAMPBELL PROPERTY MGMT. 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LESHINSKY, JOEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3409 HEATHER TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIEGLER, SOL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3690 INVERRARY DRIVE <i>APT 2X</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERKMAN, CARL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6300 FALLS CIRCLE S #207</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JACKSON, STEVEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5664 Enclave Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lauderhill, Fl</td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wolder, Gertrude</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3553 Inverrary Dr #F-105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lauderhill, Fl</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	LESHINSKY, JOEL		STREET ADDRESS	3409 HEATHER TERRACE		CITY-ST-ZIP	LAUDERHILL, FL 33319		TITLE	VD	<input type="checkbox"/> Delete	NAME	SIEGLER, SOL		STREET ADDRESS	3690 INVERRARY DRIVE <i>APT 2X</i>		CITY-ST-ZIP	LAUDERHILL, FL		TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	BERKMAN, CARL		STREET ADDRESS	6300 FALLS CIRCLE S #207		CITY-ST-ZIP	LAUDERHILL, FL 33319		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JACKSON, STEVEN		STREET ADDRESS	5664 Enclave Place		CITY-ST-ZIP	Lauderhill, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Wolder, Gertrude		STREET ADDRESS	3553 Inverrary Dr #F-105		CITY-ST-ZIP	Lauderhill, Fl		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
<b>SIGNATURE:</b> _____ <i>April 4th 2007 954-739-1600</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>																																																																																																																													