2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 722219

Entity Name: THE FALLS OF INVERRARY CONDOMINIUMS, INC.

Current Principal Place of Business:

4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 59-1404908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MGMT
4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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:

Title:	VD	( ) Delete
Name:	HIMLER, ELIANE	
Address:	6010 FALLS CIRCLE SOUTH #216	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	D	( ) Delete
Name:	SINGH, PATRICIA	
Address:	6200 S FALLS CIR DR	
City-St-Zip:	FORT LAUDERDALE, FL 33319	
Title:	SD	( ) Delete
Name:	HOFFMAN, AUDREY	
Address:	6260 FALLS CIR S	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	TD	( ) Delete
Name:	SIRKIN, JOE	
Address:	6061 FALLS CIRCLE NORTH	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	PD	( ) Delete
Name:	CASALINO, JOHN	
Address:	6060 FALLS CIRCLE SOUTH SUITE 407	
City-St-Zip:	LAUDERHILL, FL 33319	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HOFFMAN, AUDREY	
Address:	6260 FALLS CIR S#308	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	TD	(X) Change ( ) Addition
Name:	SIRKIN, JOE	
Address:	6061 FALLS CIRCLE NORTH#307	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JOHN CASALINO PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date