SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:31

DOCUMENT # **727233** **(9)**

1. Corporation Name
HI GREENS OF INVERRARY, INC.

Principal Place of Business	Mailing Address
5800 NW 44TH STREET LAUDERHILL FL 33319	5800 NW 44TH STREET LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1973
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1554992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P A
6520 NORTH ANDREWS AVE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S/T	☒ Change ☐ Addition
NAME	ROTH, JANET	12 NAME	Sanford Grant	
STREET ADDRESS	5900 NW 44TH ST.	13 STREET ADDRESS	5860 NW 44th St	
CITY-ST-ZIP	LAUDERHILL FL	14 CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	KLEIN, STANLEY	22 NAME	Henry Corsi	
STREET ADDRESS	5900 NW 44TH ST	23 STREET ADDRESS	5860 NW 44th St	
CITY-ST-ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	D	31 TITLE	S	☒ Change ☐ Addition
NAME	KLEIN, MARTIN	32 NAME	Martin Klein	
STREET ADDRESS	5860 NW 44TH ST	33 STREET ADDRESS	5860 NW 44th St	
CITY-ST-ZIP	LAUDERHILL, FL 00000	34 CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	ZURKOWSKI,ROBERT	42 NAME		
STREET ADDRESS	5860 N.W. 44TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 00000	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	D	☒ Change ☐ Addition
NAME	LUTCH, BERNARD	52 NAME	Bernard Lutch	
STREET ADDRESS	5900 NW 44TH ST	53 STREET ADDRESS	5900 NW 44th St	
CITY-ST-ZIP	LAUDERHILL, FL 00000	54 CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	D	61 TITLE	T	☒ Change ☐ Addition
NAME	SCHWARTZ, LESTER	62 NAME	Lester Schwartz	
STREET ADDRESS	5900 NW 44TH ST	63 STREET ADDRESS	5900 NW 44th St	
CITY-ST-ZIP	LAUDERHILL FL	64 CITY-ST-ZIP	Lauderhill, FL 33319	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ (Lester Schwartz) 6/9/95 735-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010200

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AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 727234 (7)

1. Corporation Name

TOWER FORTY ONE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4101 PINETREE DR MIAMI BEACH FL 33140	4101 PINETREE DR MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 08/17/1973
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1497018 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DRIVE, #250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	GARFINKEL, HERBERT	12 NAME	
STREET ADDRESS	4101 PINETREE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ZELINGER, SAM	22 NAME	
STREET ADDRESS	4101 PINE TREE DR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, DAVID	32 NAME	
STREET ADDRESS	4101 PINE TREE DR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	TUROFF, MITCHELL	42 NAME	
STREET ADDRESS	4101 PINETREE DR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 6/8/95 305-534-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000