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**FILED**  
Feb 27, 1999 8:00 am  
Secretary of State

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 727233**

1. Corporation Name

**HI GREENS OF INVERRARY, INC.**

Principal Place of Business

5800 NW 44TH STREET  
LAUDERHILL FL 33319

Mailing Address

5800 NW 44TH STREET  
LAUDERHILL FL 33319



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/17/1973  
4. FEI Number  
59-1554992

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Becker & Poliakoff, P.A.  
3111 Stirling Road,  
Ft. Lauderdale, Fl. 33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME GILLENSON, IRWIN  
STREET ADDRESS 5900 NW 44TH ST  
CITY-ST-ZIP LAUDERHILL FL  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33319  
☐ Change ☒ Addition

TITLE SD  
NAME KRAMER, SARAH  
STREET ADDRESS 5860 NW 44TH ST  
CITY-ST-ZIP LAUDERHILL FL 33319  
☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE ASD  
NAME INGBER, BESSIE  
STREET ADDRESS 5860 NW 44TH ST  
CITY-ST-ZIP LAUDERHILL, FL 00000 33319  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE PD  
NAME ZURKOWSKI, ROBERT  
STREET ADDRESS 5860 N.W. 44TH ST.  
CITY-ST-ZIP LAUDERHILL, FL 00000  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 33319  
☐ Change ☒ Addition

TITLE TD  
NAME SCHWARTZ, LESTER  
STREET ADDRESS 5900 NW 44TH ST  
CITY-ST-ZIP LAUDERHILL FL  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 33319  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

954-735-0525

Daytime Phone #

CR2E037 (1/98)