

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90113 043 ****61.25

DOCUMENT # 727233

1. Entity 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**

30054438



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1554992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GATSOS, ELAINE M ESQ
1499 W PALMETTO PARK RD #210
BOCA RATON, FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KLEIN, STANLEY
5900 NW 44TH ST
LAUDERHILL, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CORSI, MARSHA
5860 NW 44TH ST
LAUDERHILL, FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
Bessie Ingber
5860 NW 44th Street
Lauderhill FL 33319** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WISNIEWSKI, EMIL
5860 NW 44TH ST
LAUDERHILL, FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ZURKOWSKI, ROBERT
5860 N.W. 44TH ST.
FT. LAUDERDALE, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASTD
DUNEAN, MARCIA
5900 NW 44TH ST.
LAUDERHILL, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
Marcia Duncan
5900 NW 44th Street
Lauderhill FL 33319** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

Stanley Klein

Stanley Klein

29 June 2005

954.735.0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #