2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2008 8:00 am **DOCUMENT # 727233** Secretary of State 1. Entity Name 02-26-2008 90006 045 ****61.25 HI GREENS OF INVERRARY, INC. Principal Place of Business Mailing Address 🗔 5800 NW 44TH STREET 5800 NW 44TH STREET LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-1554992 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GATSOS, ELAINE M ESQ Street Address (P.O. Box Number is Not Acceptable) 1499 W PALMETTO PARK RD #210 **BOCA RATON FL 33486** 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 existed name of registered agent and theid applicable. CATE (NOTE: Registered Agent signapure required when reinstating) ng germikana in ecambi HUNGER SERBET SERVER FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to: Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE X Delete TITLE ☐ Change TOM CAMERO 4THST BERGSTEIN, LILLIAN NAME NAME 5900 NW 5900 NW 44TH STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33319 LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delate TITLE ☐ Change ☐ Addition CORSI, MARCIA NAME NAME 5860 NW 44TH STREET STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP PD TITLE __ Delete TITLE . Change Addition ZURKOWSKI.ROBERT NAME NAME STREET ADDRESS 5860 N.W. 44TH ST. STREET ADDRESS FT. LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP T/D THLE ☐ Delete TITLE ☐ Addition KING, MARY NAME NAME 5860 NW 44TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL TITLE ☐ Delete TITLE Change ☐ Addition GARCIA, ALFREDO NAME MALAG 5860 NW 44TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition SPRINGSTUN, LESTER NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted 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 a statement with a stat

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Y

STREET ADDRESS

CITY-ST-ZIP

5900 NW 44TH STREET

FORT LAUDERDALE FL 33319

KOBERT ZURKOWSKI

2/15/08

FILED

954-735-0525