

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741146 (5)
1. Corporation Name
THE INVERRARY WOMEN'S GOLF ASSOCIATION, INC.



Principal Place of Business
3840 INVERRARY BLVD
LAUDERDALE FL 33319

Mailing Address
3840 INVERRARY BLVD
LAUDERDALE FL 33319

3. Date Incorporated or Qualified
12/01/1977

3a. Date of Last Report
06/07/1995

4. FEI Number
01-4097394

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

SALOMONE, MICHAEL J
7800 W OAKLAND PARK BLVD
SUNRISE FL 33321

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MARMUR, DORIS	3930 INVERRARY BLVD	LAUDERHILL FL 33319	<input checked="" type="checkbox"/>
VPD	ROSS, CLARICE	3409 CHERRY GARDEN CIR	LAUDERHILL FL 33319	<input checked="" type="checkbox"/>
TD	MANDEL, CECIL	6020 NW 44 ST	LAUDERHILL FL 33319	<input checked="" type="checkbox"/>
SD	OROVITZ, SYLVIA	7200 RADICE CT.	LAUDERHILL FL 33319	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRES.	LEVY, EVELYN	6100 N.W. 44 ST.	LAUDERHILL, FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.D.	CAITAN, SHIRLEY	6100 FALLS CIRCLE DR.	LAUDERHILL, FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TO	LEVINE, RUTH	6361 FALLS CIRCLE DR.	LAUDERHILL, FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD.	HOLTZMAN, CAROL	3940 INVERRARY BLVD.	LAUDERHILL, FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

RUTH LEVINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)