


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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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
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3. Date Incorporated or Qualified 12/01/1977	
4. FEI Number 01-4097394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LEVY, EVELYN
STREET ADDRESS	6100 N.W. 44 ST.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	VPD
NAME	CAHAN, SHIRLEY
STREET ADDRESS	6100 FALLS CIRCLE DR.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	TD
NAME	LEVINE, RUTH
STREET ADDRESS	6361 FALLS CIRCLE DR.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	SD
NAME	HOLTZMAN, CAROL
STREET ADDRESS	3940 INVERRARY BLVD.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P. MARMUR, DORIS
1.2 NAME	3930 INVERRARY BLVD
1.3 STREET ADDRESS	LAUDERHILL, FL 33319
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD
2.2 NAME	PALASH, ROSALIND
2.3 STREET ADDRESS	3419 HEATHER TERRACE
2.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
3.1 TITLE	TD
3.2 NAME	MANDEL, CECIL
3.3 STREET ADDRESS	6020 N.W. 44 ST
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
4.1 TITLE	SD
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: Cecil Mandel 2/23/98 954 4842926

CR2E037 (10/97)