


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90264 048 \*\*\*\*61.25

**DOCUMENT # 746792**

1. Entity Name  
**THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4410 NW 67TH TERRACE LAUDERHILL, FL 33319 US**

Mailing Address  
**4410 NW 67TH TERRACE LAUDERHILL, FL 33319 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**65-0188836**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENSON, HAYWARD J JR.  
 4410 NW 67 TERRACE  
 LAUDERHILL, FL 33319**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSON, HAYWARD J JR.	
STREET ADDRESS	4410 NW 67TH TERRACE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, LAMONT	
STREET ADDRESS	4551 NW 67TH TERRACE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLIGFELD, EDWARD	
STREET ADDRESS	4580 N.W. 67TH TERR.	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMMONS, GLENNIE	
STREET ADDRESS	6721 NW 46TH CRT	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAEL, BOBBIE	
STREET ADDRESS	4571 NW 70TH AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEYENE, JUANITA	
STREET ADDRESS	6841 NW 45TH COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CAMPBELL	
STREET ADDRESS	4501 NW 70 AVENUE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Edward Kligfeld Treasurer EDWARD KLIGFELD 4-20-05 9547488238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #