




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90354 009 \*\*\*\*61.25

<b>DOCUMENT # 746792</b>			
1. Entity Name <b>THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4410 NW 67TH TERRACE LAUDERHILL, FL 33319 US</b>		Mailing Address <b>4410 NW 67TH TERRACE LAUDERHILL, FL 33319 US</b>	
2. Principal Place of Business <b>4551 NW 67TH TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4551 NW 67TH TERRACE</b> Suite, Apt. #, etc.	
City & State <b>LAUDERHILL, FL</b>		City & State <b>LAUDERHILL, FL</b>	
Zip <b>33319</b>	Country <b>BROWARD USA</b>	Zip <b>33319</b>	Country <b>USA</b>
4. FEI Number <b>65-0188836</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BENSON, HAYWARD J JR. 4410 NW 67 TERRACE LAUDERHILL, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>ROBERTS, LAMONT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4551 NW 67 TERRACE</b> City <b>LAUDERHILL FL</b> Zip Code <b>33319</b>	
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 		LAMONT D. ROBERTS	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, HAYWARD J JR. 4410 NW 67TH TERRACE LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, LAMONT 4551 NW 67TH TERRACE LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLIGFELD, EDWARD 4580 N.W. 67TH TERR. LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, GLENNIE 6721 NW 46TH CRT LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, RICHARD 4501 NW 70 AVENUE FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEYENE, JUANITA 6841 NW 45TH COURT LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 another like empowered.			
SIGNATURE 		EDWARD KLIGFELD	
		4-12-06 9547488238	