


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # 746792 1. Entity Name THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4551 NW 67TH TERRACE LAUDERHILL, FL 33319 US	Mailing Address 4551 NW 67TH TERRACE LAUDERHILL, FL 33319 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0188836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, LAMONT
4551 NW 67 TERRACE
LAUDERHILL, FL 33319**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, LAMONT 4551 NW 67TH TERRACE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLIGFELD, EDWARD 4580 N.W. 67TH TERR. LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, GLENNIE 6721 NW 46TH CRT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, GWENETH 6800 NW 45TH COURT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEYENE, JUANITA 6841 NW 45TH COURT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80034-010 61.25

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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 all other like empowered.

SIGNATURE: *Edward Kliffeld* **EDWARD KLIGFELD, TREASURER** 4/03/08 954-748-8238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #