


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

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

<b>DOCUMENT # 746792</b> 1. Entity Name <b>THE ESTATES OF INVERRARY HOMEOWNERS ASSOCIATION, INC.</b>	
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01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 \_\_\_\_\_

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

(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

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Edward Kliffeld* **EDWARD KLIGFELD, TREASURER** 4/03/08 954-748-8238