

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90106 045 ****61.25

DOCUMENT # 760552

1. Entity Name
**INVERNESS ACRES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**% 2601 BISCAYNE BLVD.
MIAMI, FL 33137**

Mailing Address
**% 2601 BISCAYNE BLVD.
MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2198492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANTONIO
2601 BISCAYNE BLVD
MIAMI, FL 33137**

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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 _____

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, 2005**

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
**D
GOLDSTEIN, JAMES
2601 BISCAYNE BLVD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
GERSTEN, SHERRI
2601 BISCAYNE BLVD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MILLER, ROGER
2601 BISCAYNE BLVD.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (305) 576-6333
Date Daytime Phone #