


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

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760552</b> 1. Entity Name INVERNESS ACRES PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business % 2601 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address % 2601 BISCAYNE BLVD. MIAMI, FL 33137
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04102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2198492	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD MIAMI, FL 33137
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

U00000939190  
05/28/08-80017-019 61.25

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	

**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 40 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 #

4/29/08 385 376333