


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**


02-26-2007 90065 038 \*\*\*\*61.25

<b>DOCUMENT # N03136</b> 1. Entity Name <b>TOWNHOMES OF INVERRARY 32 HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7345 NE 34TH STREET FORT LAUDERDALE, FL 33319</b>	Mailing Address <b>7345 NE 34TH STREET FORT LAUDERDALE, FL 33319 US</b>
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2. Principal Place of Business - No P.O. Box # <b>7100 W. Commercial Blvd</b>	3. Mailing Address <b>7100 W. Commercial Blvd</b>
Suite, Apt. #, etc. <b>Suite 107</b>	Suite, Apt. #, etc. <b>Suite 107</b>
City & State <b>Lauderhill, FL</b>	City & State <b>Lauderhill, FL</b>
Zip <b>33319</b>	Country <b>USA</b>

400641007



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2436191</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>SHAWN L. MICHAELON, ESQ. 7805 SW 6TH ST PLANTATION, FL 33319</b>	7. Name and Address of New Registered Agent <b>Ambassador Community Management 7100 W. Commercial Blvd. Suite 107 Lauderhill FL 33319</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROWN, BORIS 7351 NW 34TH ST. LAUDERHILL, FL 33319</b> <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	<b>VD MAURER, DANIEL 7439 NW 34TH ST. LAUDERHILL, FL 33319</b> <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	<b>TD ELLIOTT, GLORIA 7440 NW 34TH ST. LAUDERHILL, FL 33319</b> <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	<b>S FULLER, SONJA 3391 NW 75TH TERR LAUDERHILL, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 all other like empowered.

**SIGNATURE:**  **BORIS A. BROWN** **2-21-07 954-326-6405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #