

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # No 7282
1. Corporation Name
HORIZONS OF INVERRARY CONDO "D" ASSOCIATION, INC.

Principal Place of Business: **4373 Rock Island Road, Lauderhill, Fl. 33319**
Mailing Address: **4373 Rock Island Road, Lauderhill, Fl. 33319**

3. Date Incorporated or Qualified <u>1/28/85</u>	3a. Date of Last Report <u>3/11/96</u>
4. FEI Number <u>59-2778167</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent CAMPBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND ROAD LAUDERHILL, FL. 33319	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 6/13/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P. NAME LEON D. WEISMAN, #810 STREET ADDRESS 7050 N.W. 44th STREET CITY-ST-ZIP LAUDERHILL, FL. 33319	<input type="checkbox"/> DELETE	11 TITLE PD 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT NAME MARTIN FINKELSTEIN, #701 STREET ADDRESS 7050 N.W. 50th STREET CITY-ST-ZIP LAUDERHILL, FL. 33319	<input type="checkbox"/> DELETE	21 TITLE VD 22 NAME Martin Finkelstein 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECRETARY NAME JODI MIRANDA, #207 STREET ADDRESS 7050 N.W. 50th Street CITY-ST-ZIP LAUDERHILL, FL. 33319	<input type="checkbox"/> DELETE	31 TITLE S 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TREASURER NAME ROBERT RICHMOND, #301 STREET ADDRESS 7050 N.W. 50th STREET CITY-ST-ZIP LAUDERHILL, FL. 33319	<input type="checkbox"/> DELETE	41 TITLE T 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 2nd VICE PRES, NAME ALFRED BATTIFARANO, #808 STREET ADDRESS 7050 N.W. 50th STREET CITY-ST-ZIP LAUDERHILL, FL. 33319	<input type="checkbox"/> DELETE	51 TITLE D 52 NAME 5000018917005 53 STREET ADDRESS -07/12/96--01011--019 54 CITY-ST-ZIP ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIRECTOR NAME SYLVIA LEICHMAN, #707 STREET ADDRESS 7050 N.W. 50th STREET CITY-ST-ZIP LAUDERHILL, FL. 33319	<input type="checkbox"/> DELETE	61 TITLE D 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **DATE:** 6-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SYLVIA LEICHMAN Daytime Phone #

CR2E037 (12/95)