AMENDED 2000 UNIFORM BUSINESS REPORT (UBR) 5/

05-16-2001 90411 026 ****61.25
N99000005349
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 28 AM 10:59

DOCUMENT # N99000005349 (A)

1. Entity Name
The ENCLAVE AT INVERRARY HOMEOWNERS ASSOCIATION INC

Principal Place of Business	Mailing Address
c/o Consolidated Community Management 10034 W McNAB Rd TAMARAC, FL 33321	Consolidated Community Mgt 10034 W McNAB ROAD TAMARAC, FL 33321

2. Principal Place of Business	3. Mailing Address
10034 W McNAB	10034 W McNAB ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC FL	City & State: TAMARAC FLORIDA
Zip: 33321 Country:	Zip: 33321 Country:

[redacted]

- 4877.5
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010256 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Harry Brooks
5700 LIME Hill Rd
Lauderhill, FL 33319

7. Name and Address of New Registered Agent
Name: Consolidated Community Management
Street Address (P.O. Box Number is Not Acceptable): 10034 W McNAB ROAD
City: TAMARAC, FL FL Zip Code: 33321

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.

SIGNATURE: [signature] James Miles 4-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $138.75

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES	Harry Brooks ☐ Delete D	TITLE	☐ Change ☐ Addition
NAME	5700 LIME Hill Rd	NAME	
STREET ADDRESS	Lauderhill, FL 33319	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SEC	Elaine Brooks ☐ Delete D	TITLE	☐ Change ☐ Addition
NAME	5700 Lime Hill Rd	NAME	
STREET ADDRESS	Lauderhill, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TRES	William Campbell ☐ Delete D	TITLE	☐ Change ☐ Addition
NAME	5700 Lime Hill	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	AD

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] 4-29-01 954-718-9903

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