

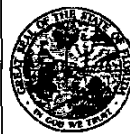
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 012 ****61.25

DOCUMENT # N99000005349

1. Entity Name
**THE ENCLAVE AT INVERRARY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O CONSOLIDATED COMMUNITY MANAGEMENT
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

Mailing Address
**C/O CONSOLIDATED COMMUNITY MANAGEMENT
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

40027603



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1010256

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONSOLIDATED COMMUNITY MANAGEMENT
10034 W. MCNAB ROAD
TAMARAC, FL 33321**

Name **Katzman & Katz P.A.**
Street Address (P.O. Box Number is Not Acceptable)

1501 NW 49 St #202
City **Ft Lauderdale** **FL** Zip Code **33309**

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

Ferren L. Katz, Esq.

(NOTE: Registered Agent signature required when registering)

2/12/07

DATE

**Filing Fee \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SV** ☐ Delete
NAME **GOODEN, WAYNE**
STREET ADDRESS **10034 W MCNAB RD**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HEADY, RICHARD**
STREET ADDRESS **10034 W MCNAB RD**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **JACKSON, STEVEN**
STREET ADDRESS **10034 W MCNAB RD**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-07

Date

Daytime Phone #

2/22/2007