

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005349

FILED
Feb 25, 2019
Secretary of State
9021720911CC**Entity Name:** THE ENCLAVE AT INVERRARY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O CONSOLIDATED COMMUNITY MANAGEMENT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321**Current Mailing Address:**C/O CONSOLIDATED COMMUNITY MANAGEMENT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321**FEI Number: 65-1010256****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEVEN S. VALANCY P.A.
311 S.E. 13TH STREET
FT. LAUDERDALE, FL 33316 US*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: STEVEN S. VALANCY****02/25/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name SLONES, IRIS THERESA
Address 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title T
Name CHOW, PAUL
Address 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title VP
Name RADCLIFF, MARSHA
Address 7124 N NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT
Name MARSHALL, ORVILLE
Address 7124 N NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name MOWATT, NALDA
Address C/O CONSOLIDATED COMMUNITY
MANAGEMENT
7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ORVILLE MARSHALL**PRES****02/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date