2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90054 016 ****61.25

DOCUMENT # 726120

1. Entity Name

LAS VISTA IN INVERRARY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3533 INVERRARY DRIVE LAUDERHILL FL 33319	3533 INVERRARY DRIVE LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1521834 ☐ Applied For ☐ Not Applicable

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
ILIAKOFF, BECKER S 3111 STERLING RD LAUDERDALE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHICKLER, HAROLD 3521 INVERRARY DR J202 LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHICKLER, HAROLD 3521 INVERRARY DR J101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HENNIG, LOU 3571 INVERRARY DR LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3591 INVERRARY DR B301	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILDER, GEORGE 3551 INVERRARY DR #F105 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILDER, GEORGE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANCES ROSE 3501 INVERRARY DR L205 LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACK JACOBS 3551 INVERRARY DR F110 LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Jacob Jacobs SIGNATURE REQUIRED — 1/24/02 — 731-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #