

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90286 043 ****61.25

DOCUMENT # 727138

1. Entity Name

THE MANORS OF INVERRARY CONDOMINIUM I ASSOCIATIO

Principal Place of Business

4162 INVERRARY DRIVE
 LAUDERHILL FL 33319

Mailing Address

4162 INVERRARY DRIVE
 LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7441077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MNGT. & REAL ESTATE, INC
4162 INVERRARY DRIVE
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKLAR, PHILIP 4176 INVERRARY DR LAUDERHILL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Eisenberg 4172 Inverrary Dr. #2409 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ALEX 4162 INVERRARY DRIVE LAUDERHILL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edgar Rosenwasser 4158 Inverrary Dr. #501 Lauderhill, FL. 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAITLAND, FRANK 4162 INVERRARY DRIVE LAUDERHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Williamson 4170 Inverrary Dr. #311 Lauderhill, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P R. MILTON KOFFS 4162 INVERRARY DR. LAUDERHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOIFER, JOSEPH 4162 INVERRARY DR. LAUDERHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VENUTI, MARY 4154 INVERRARY DR LAUDERHILL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 485-2115

CR2E037 (10/00)