

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90206 016 ****61.25

DOCUMENT # 730764

1. Entity Name

THE MANORS OF INVERRARY XI ASSOCIATION, INC



Principal Place of Business

**4174 INVERRARY DR
LAUDERHILL FL 33319**

Mailing Address

**4174 INVERRARY DR
LAUDERHILL FL 33319**

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 **NOT APPLICABLE**

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

**CAMPBELL PROPERTY MGMT.
4174 INVERRARY DRIVE
LAUDERHILL FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RECHT, NORMAN	
STREET ADDRESS	4174 INVERRARY DR	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIELBIEN, ROZ	
STREET ADDRESS	4174 INVERRARY DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORE, MARILYN	
STREET ADDRESS	4174 INVERRARY DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISBERG, RICHARD	
STREET ADDRESS	4174 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Warmstein	
STREET ADDRESS	4174 Inverrary Dr. #103	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Brown	
STREET ADDRESS	4174 Inverrary Dr. #915	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of 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, 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

2/10/03

904-485-2115

CR2E037 (10/02)