

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755398

1. Entity Name

INVERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5500 NW 44TH ST  
LAUDERHILL FL 33319

Mailing Address

5500 NW 44TH ST  
LAUDERHILL FL 33319-6149

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

59-2044793

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

COURTNEY, PATRICIA A.  
5570 NW 44TH ST.

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.

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

TITLE P ☐ Delete  
NAME SAMPSON, HARVEY  
STREET ADDRESS 5550 NW 44TH STREET B 215  
CITY-ST-ZIP LAUDERHILL FL

TITLE V.P. ☐ Change ☐ Addition  
NAME ANN ROSENTHAL  
STREET ADDRESS 5530 N.W. 44th ST C 213  
CITY-ST-ZIP LAUDERHILL FLA 33319

TITLE D ☐ Delete  
NAME BESOFKY, ALVIN  
STREET ADDRESS 5570 N W 44TH ST., A416  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ Change ☐ Addition  
NAME MIKE VADALA  
STREET ADDRESS 5550 N.W. 44th ST B 416  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE S ☐ Delete  
NAME PERILLO, LINDA  
STREET ADDRESS 5570 NW 44TH ST, APT A103  
CITY-ST-ZIP LAUDERHILL FL 33319

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

TITLE D ☐ Delete  
NAME SCHINDLER, IRV  
STREET ADDRESS 5570 NW 44TH ST, APT A302  
CITY-ST-ZIP LAUDERHILL FL 33319

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

TITLE D ☐ Delete  
NAME SHAPIRO, SID  
STREET ADDRESS 5530 NW 44TH ST, C404  
CITY-ST-ZIP LAUDERHILL FL 33319

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

TITLE D ☒ Delete  
NAME PERILLO, LINDA  
STREET ADDRESS 5570 N.W. 44th ST A103  
CITY-ST-ZIP LAUDERHILL FLA 33319

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90058 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CF2E037 (9/99)