

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90143 022 ****61.25

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**

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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE **PAT COURTNEY**

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

(NOTE: Registered Agent signature required when re-stating)

DATE **6/12/03**

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

TITLE **P.** ☐ Change ☒ Addition
NAME **ISABEL MILLER**
STREET ADDRESS **A 316 5570 N.W. 44th ST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

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

TITLE **JOE FORMAN** ☐ Change ☒ Addition
NAME **B 114 5550 N.W. 44th ST**
STREET ADDRESS **LAUDERHILL FL 33319**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MANNIO, SALVATORE**
STREET ADDRESS **5570 NW 44TH ST APT A 408**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Change ☒ Addition
NAME **JEAN ELLEN KING**
STREET ADDRESS **B 505 5550N.W. 44th ST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **T** ☐ Delete
NAME **WEISZ, MARTY**
STREET ADDRESS **7699 NW 79 AVE APT 101**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SAME** ☐ 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 **D** ☐ Change ☒ Addition
NAME **SID KISIN**
STREET ADDRESS **A 504 5570 N.W. 44th ST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **VP** ☐ Delete
NAME **ROSENTHAL, ANN**
STREET ADDRESS **5530 NW 44TH ST C213**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **SAME** ☐ 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:

Ann Rosenthal

06/12/03

954-731-0100

CR2E037 (10/02)