

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12311 (9)
1. Corporation Name
INVERRARY GARDENS MASTER ASSOCIATION, INC.



Principal Place of Business
**% 4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319**

Mailing Address
**% 4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319**

3. Date Incorporated or Qualified
12/02/1985

3a. Date of Last Report
08/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2705878		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**SCHLESINGER, RICHARD
4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	P/D
NAME	RUDA, DANNY	1.2 NAME	Richard Schlesinger
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH	1.3 STREET ADDRESS	250 Australian Ave S.
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	W. Palm Beach FL
TITLE	VD	2.1 TITLE	
NAME	COHEN, SHELDON	2.2 NAME	
STREET ADDRESS	4200 INVERRARY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	STERNBERG, MYRNA	3.2 NAME	
STREET ADDRESS	% 4200 INVERRARY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Richard Schlesinger* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)