

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

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90004 019 \*\*\*\*61.25

DOCUMENT # N12311

1. Entity Name

Inverrary Gardens Master Assoc, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4200 Inverrary Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale FL

City & State

4. FEI Number

22-2705878

Applied For

Not Applicable

Zip

33319

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$61.25  
Initial or Amended UBR

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**

TITLE	P.D.
NAME	Richard Schlesinger
STREET ADDRESS	250 Australian Ave. S.
CITY-STATE-ZIP	W. Palm Beach FL
TITLE	V.D.
NAME	Cohen, Sheldon
STREET ADDRESS	4200 Inverrary Blvd.
CITY-STATE-ZIP	Ft Lauderdale FL 33319
TITLE	V.D.
NAME	Adam Schlesinger
STREET ADDRESS	250 Australian Ave S.
CITY-STATE-ZIP	W. Palm Beach FL 33401
TITLE	D
NAME	Danny Ruda
STREET ADDRESS	250 Australian Ave S.
CITY-STATE-ZIP	W. Palm Beach FL 33401
TITLE	D
NAME	Sandy Garrison
STREET ADDRESS	250 Australian Ave S.
CITY-STATE-ZIP	W. Palm Beach FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)