

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 721456**

1. Entity Name  
**THE INVERRARY ASSOCIATION, INC.**



Principal Place of Business  
**4373 ROCK ISLAND ROAD  
LAUDERHILL, FL 33319-2196**

Mailing Address  
**4373 ROCK ISLAND ROAD  
LAUDERHILL, FL 33319-2196**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**



04172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1382933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CAMPBELL PROPERTY MGMT.  
4373 ROCK ISLAND ROAD  
LAUDERHILL, FL 33319**

**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. 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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESHINSKY, JOEL 3409 HEATHER TERRACE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEGLER, SOL 3690 INVERRARY DRIVE LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERKMAN, CARL 6300 FALLS CIRCLE S #207 LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOFF, LARRY 7400 RADICE CT. FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000320735  
04/21/05-80051-001 61.25

**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)(f), 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

**4-19-2005 954-739-161**

Date

Daytime Phone #