2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#760552

FILED May 01, 2003 Secretary of State

Entity Name: INVERNESS ACRES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
% 2601 BI MIAMI, FL	SCAYNE BLV 33137	D.		
Current Mailing Address:		New Mailing Address:		
% 2601 BI MIAMI, FL	SCAYNE BLV 33137	D.		
FEI Number	: 59-2198492	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	JEZ, ANTONIC	,		
MIAMI, FL The above	e named entity	submits this statement for the բ	ourpose of changing its register	red office or registered agent, or both,
MIAMI, FL The above in the Stat	33137 e named entity e of Florida.	submits this statement for the բ	ourpose of changing its register	red office or registered agent, or both,
MIAMI, FL The above	33137 named entity of Florida. RE:	submits this statement for the բ nic Signature of Registered Ag		red office or registered agent, or both, Date
MIAMI, FL The above in the Stat SIGNATU	33137 named entity of Florida. RE:	nic Signature of Registered Ag	ent	
MIAMI, FL The above in the Stat SIGNATU	anamed entity e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Ago TORS:) Delete IAMES,	ent	Date
MIAMI, FL The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro S AND DIREC D (GOLDSTEIN, 2601 BISCAYN MIAMI, FL	nic Signature of Registered Agr ETORS:) Delete IAMES, IE BLVD) Delete ERRI,	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER MILLER PD 05/01/2003