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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12311

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/02/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 22-2705878
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	RICHARD SCHLESINGER	
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, SHELDON	
STREET ADDRESS	4200 INVERRARY BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL-33319	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WERTHEIM, ALEX	
STREET ADDRESS	4200 INVERRARY BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Adam Schlesinger	
1.3 STREET ADDRESS	250 Australian Ave S.	
1.4 CITY-ST-ZIP	W. Palm Beach FL 33401	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Danny Ruda	
2.3 STREET ADDRESS	250 Australian Ave S.	
2.4 CITY-ST-ZIP	W. Palm Beach FL-33401	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sandy Garrison	
3.3 STREET ADDRESS	250 Australian Ave S.	
3.4 CITY-ST-ZIP	W. Palm Beach FL 33401	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tom March	
4.3 STREET ADDRESS	4200 Inverrary Blvd	
4.4 CITY-ST-ZIP	Lauderhill FL 33319	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Catherine Gallagher	
5.3 STREET ADDRESS	4222 Inverrary Blvd # 4509	
5.4 CITY-ST-ZIP	Lauderhill FL 33319	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Don Citron	
6.3 STREET ADDRESS	4222 Inverrary Blvd # 4211	
6.4 CITY-ST-ZIP	Lauderhill FL 33319	

14. 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 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, with all other like empowered.

SIGNATURE: **X** Adam Schlesinger, V.P. **SIGNATURE REQUIRED** 2/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)