

**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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FEE IS \$81.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution, \$5.00 May Be Added to Fees

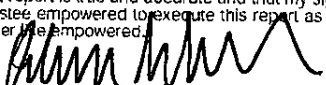
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Adam Schlesinger

Date Daytime Phone #

CR2E037B (12/01)