

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2004
Secretary of State**

DOCUMENT# N12311

Entity Name: INVERRARY GARDENS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4200 INVERRARY BLVD.
FT. LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

4200 INVERRARY BLVD.
FT. LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 22-2705878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, ROGER
4200 INVERRARY BLVD.
FT. LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: RICHARD SCHLESINGER,
Address: 250 AUSTRALIAN AVE. SOUTH
City-St-Zip: W. PALM BEACH, FL

Title: VD () Delete
Name: MOCERE, LISA
Address: 250 AUSTRALIAN AVENUE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: SCHLESINGER, ADAM
Address: 250 AUSTRALIAN AVE S
City-St-Zip: W PALM BEACH, FL 33401

Title: D (X) Delete
Name: RUDA, DANNY
Address: 250 AUSTRALIAN AVE S
City-St-Zip: W PALM BEACH, FL 33401

Title: D (X) Delete
Name: GARRISON, SANDY
Address: 250 AUSTRALIAN AVE S
City-St-Zip: W PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: TWERSKI, LABE
Address: 40 EXCHANGE PLACE, SUITE 1105
City-St-Zip: NEW YORK, NY 10005 US

Title: DIR (X) Change () Addition
Name: FINCH, WESLEY E
Address: 1801 CLINT MOORE ROAD, SUITE 210
City-St-Zip: BOCA RATON, FL 33487 US

Title: DIR (X) Change () Addition
Name: BLACKINTON, DENNIS H
Address: 1801 CLINT MOORE ROAD, SUITE 210
City-St-Zip: BOCA RATON, FL 33487 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LABE TWERSKI

DIR

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date