

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2006  
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:**

FINCH, WESLEY E  
1801 CLINT MOORE ROAD  
SUITE 210  
BOCA RATON, FL 33487 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: DIR      ( ) Delete  
Name: TWERSKI, LABE  
Address: 40 EXCHANGE PLACE, SUITE 1105  
City-St-Zip: NEW YORK, NY 10005 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

DIR

01/09/2006

\_\_\_\_\_ Date