

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90398 014 ****61.25

0102415

DOCUMENT # N12311

1. Entity Name
INVERRARY GARDENS MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address

**% 4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319** **% 4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **22-2705878** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHLESINGER, RICHARD
4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319**

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. 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 checked="" type="checkbox"/> Delete
NAME	COHEN, SHELDON
STREET ADDRESS	4200 INVERRARY BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33319
TITLE	VD <input type="checkbox"/> Delete
NAME	SCHLESINGER, ADAM
STREET ADDRESS	250 AUSTRALIAN AVE S
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> Delete
NAME	RUDA, DANNY
STREET ADDRESS	250 AUSTRALIAN AVE S
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> Delete
NAME	GARRISON, SANDY
STREET ADDRESS	250 AUSTRALIAN AVE S
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MARCH, TOM
STREET ADDRESS	4200 INVERRARY BLVD
CITY-ST-ZIP	LAUDERHILL FL 33319

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Mocer
STREET ADDRESS	250 Australian Ave S.
CITY-ST-ZIP	W. Palm Beach Fl 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 

CR2E037 (10/02)