

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736966  
1. Corporation Name  
FERNWOODS CONDOMINIUM ASSOCIATION #2 INC

Principal Place of Business Mailing Address  
1500 MADAWKA AVENUE STE #200 CORAL GABLES FL. 33144 P.O. BOX 430884 MIAMI FL. 33243-0884

21	2. Principal Place of Business	2a. Mailing Address	26
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27
23	City & State	City & State	28
24	Zip	Country	29
25		Zip	30
25		Country	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/04/1976	2/20/95
4. FEI Number	Applied For
59-1551361	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
5KRLD INC 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES FL. 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
							Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD NERY QUINONES	1.2 NAME	
STREET ADDRESS	110 NW 85 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33126	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	180001850701 Change <input type="checkbox"/> Addition
NAME	TD HIRSH ALLEN	2.2 NAME	-06/04/96--01154--036
STREET ADDRESS	702 NW 87 AVE #404	2.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLGA QAO	3.2 NAME	
STREET ADDRESS	402 NW 87 AVE #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33126	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	THOMAS DALY
STREET ADDRESS		4.3 STREET ADDRESS	10107 NW 52 TER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL. 33178
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	OSVALDO MARTINEZ
STREET ADDRESS		5.3 STREET ADDRESS	306 NW 87 AVE #309
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Nery Quinones* Date: 4/30/96 Daytime Phone #

CR2E037 (12/95)