


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736966 (3)**  
1. Corporation Name  
**FERNWOODS CONDOMINIUM ASSOCIATION #2, INC.**



Principal Place of Business <b>1500 MADRUGA AVE. STE #200 CORAL GABLES FL 33146 US</b>	Mailing Address <b>PO BOX 430884 MIAMI FL 33243-0884</b>
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3. Date Incorporated or Qualified <b>10/04/1976</b>		
4. FEI Number <b>59-1551361</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 <b>1965 NW 88 CT</b> Suite, Apt. #, etc. 22 <b>#201</b> City & State 23 <b>MIAMI, FL.</b> Zip 24 <b>33296-0656</b>	2a. Mailing Address 26 <b>P.O. BOX 960656</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FL. 33296-0656</b> Zip 29 <b>33296-0656</b>	Country 25 <b>MIAMI DADE</b>	Country 30 <b>MIAMI DADE</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>NERY QUINONES</b>	
STREET ADDRESS	<b>110 NW 85 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>HIRCH ALLEN</b>	
STREET ADDRESS	<b>702 NW 87 AVE # 404</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>OLGA CAO</b>	
STREET ADDRESS	<b>402 NW 87 AVE. # 204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>MORRERO, LOURDES</b>	
STREET ADDRESS	<b>506 NW 87TH AVE., 302</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>OSVALDO, MARTINEZ</b>	
STREET ADDRESS	<b>506 NW 87 AVE. #309</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Olga R. CAO* **NOT REQUIRED** 4/24/98 (305) 471-8929

CR2E037 (10/97)