

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 736966

Entity Name: FERNWOODS CONDOMINIUM ASSOCIATION #2, INC.

Current Principal Place of Business:

%GOLD PROPERTY MANAGEMENT & ASSOC., INC.
275 FONTAINEBLEAU BLVD., SUITE 151
MIAMI, FL 33172 US

New Principal Place of Business:

%EXCEL MANAGEMENT ASSOCIATES, INC.
2510 NW 97 AVENUE, SUITE 200
DORAL, FL 33172 US

Current Mailing Address:

%GOLD PROPERTY MANAGEMENT & ASSOC., INC.
275 FONTAINEBLEAU BLVD., SUITE 151
MIAMI, FL 33172 US

New Mailing Address:

%EXCEL MANAGEMENT ASSOCIATES, INC.
2510 NW 97 AVENUE, SUITE 200
DORAL, FL 33172 US

FEI Number: 59-1551361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC
275 FONTAINEBLEAU BLVD
SUITE 151
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

%EXCEL MANAGEMENT ASSOCIATES, INC.
2510 NW 97 AVENUE
SUITE 200
DORAL, FL 33172 US

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: BARBARA FANDIÑO-CAPIN

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARRERO, LOURDES
Address: 506 NW 87 AV # 310
City-St-Zip: MIAMI, FL 33172

Title: VP () Delete
Name: MARTINEZ, OSVALDO
Address: 506 NW 87 AVE #309
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: HIRSH, ALLEN
Address: 706 NW 87 AVE #412
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: OCTUBRE, MIRIAM
Address: 506 NW 87 AVE #412
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ROQUE, CONSUELO
Address: 702 NW 87 AV # 402
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: HARRIS, CHRIS
Address: 502 NW 87 AV #102
City-St-Zip: MIAMI, FL 33172

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:

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 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: BARBARA FANDIÑO-CAPIN

MGR

03/11/2009

Electronic Signature of Signing Officer or Director

Date