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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737855

1. Corporation Name

FERNWOODS LAKEVIEW CONDOMINIUM ASSOCIATION #1, I NC.

Principal Place of Business

% THE TIMBERLAKE GROUP, INC.
 5050 NW 74 AVE
 MIAMI FL 33166
 US

Mailing Address

% THE TIMBERLAKE GROUP, INC.
 5050 NW 74 AVE
 MIAMI FL 33166
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/14/1977

4. FEI Number

59-1994182

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUGGER, ROBERT A
 C/O THE TIMBERLAKE GROUP INC.
 8405 NW 53RD ST SUITE A-102
 MIAMI FL 33166

10. Name and Address of New Registered Agent

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

ROBERT A. DUGGER

2-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LLORCA, JOSE R.	
STREET ADDRESS	8775 PARK BLVD., STE. 406	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	DICKENSON, BARRUS	
STREET ADDRESS	8775 PARK BLVD., STE. 106	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CABALLERO, LUIS	
STREET ADDRESS	8775 PARK BLVD., STE. 405	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THURMAN, KATHY	
STREET ADDRESS	8775 PARK BLVD, SUITE 124	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, CLARE	
STREET ADDRESS	8775 PARK BLVD, SUITE 105	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRUS DICKENSON,	
1.3 STREET ADDRESS	8775 PARK BLVD, # 106	
1.4 CITY-ST-ZIP	MIAMI FL 33172	
2.1 TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KATHY THURMAN,	
2.3 STREET ADDRESS	8775 PARK BLVD, # 121	
2.4 CITY-ST-ZIP	MIAMI FL 33172	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSEMARY FIGUEROA	
3.3 STREET ADDRESS	8775 PARK BLVD., # 617	
3.4 CITY-ST-ZIP	MIAMI, FL 33172	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSE R. LLORCA	
4.3 STREET ADDRESS	8775 PARK BLVD., # 406	
4.4 CITY-ST-ZIP	MIAMI, FL 33172	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CELIA BOWEN	
5.3 STREET ADDRESS	8775 PARK BLVD., # 415	
5.4 CITY-ST-ZIP	MIAMI FL 33172	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BESS SOKOL	
6.3 STREET ADDRESS	8775 PARK BLVD., # 520	
6.4 CITY-ST-ZIP	MIAMI FL 33172	

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, with all other like empowered.

SIGNATURE: *ROBERT A. DUGGER*

3/9/99 (305) 593-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)