


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90247 009 ****70.00

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1994182	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUGGER, ROBERT A C/O THE TIMBERLAKE GROUP INC. 8405 NW 53RD ST SUITE A-102 MIAMI FL 33166				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 DATE 2-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE NAME LLORCA, JOSE R. STREET ADDRESS 8775 PARK BLVD., STE. 406 CITY-ST-ZIP MIAMI FL				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			
TITLE VPD <input type="checkbox"/> DELETE NAME DICKENSON, BARRUS STREET ADDRESS 8775 PARK BLVD., STE. 106 CITY-ST-ZIP MIAMI FL				2.1 TITLE VPD <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			
TITLE TD <input type="checkbox"/> DELETE NAME CABALLERO, LUIS STREET ADDRESS 8775 PARK BLVD., STE. 405 CITY-ST-ZIP MIAMI FL				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			
TITLE SD <input type="checkbox"/> DELETE NAME THURMAN, KATHY STREET ADDRESS 8775 PARK BLVD, SUITE 121 CITY-ST-ZIP MIAMI FL				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			
TITLE D <input type="checkbox"/> DELETE NAME MURRAY, CLARE STREET ADDRESS 8775 PARK BLVD, SUITE 105 CITY-ST-ZIP MIAMI FL				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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				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 DATE 3/9/99 (305) 593-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)