

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90093 023 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 737855
 1. Entity Name
FERNWOODS LAKEVIEW CONDOMINIUM ASSOCIATION #1, I

| | |
|---|--|
| 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 33168-5516 US |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-1994182 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 **ROBERT A. DUGGER SR.** **02/22/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DICKINSON, BARRUS | |
| STREET ADDRESS | 8775 PARK BLVD., #106 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | THURMAN, KATHY | |
| STREET ADDRESS | 8775 PARK BLVD., #121 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FIGUEROA, ROSEMARY | |
| STREET ADDRESS | 8775 PARK BLVD., #517 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LORCA, JOSE R | |
| STREET ADDRESS | 8775 PARK BLVD., #517 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWEN, CELIA | |
| STREET ADDRESS | 8775 PARK BLVD. #415 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CABALLERO, LUIS | |
| STREET ADDRESS | 8775 PARK BLVD. #405 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---|
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bess Sokol, | |
| STREET ADDRESS | 8775 Park Boulevard, #520, | |
| CITY-ST-ZIP | Miami, Florida 33172. | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BARRUS DICKENSON** **CATHERINE THURMAN** (305) 593-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)