

2001 UNIFORM BUSINESS REPORT (UBR) 70

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90115 007 ****70.00

DOCUMENT # 737855

1. Entity Name

FERNWOODS LAKEVIEW CONDOMINIUM ASSOCIATION #1, I

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1994182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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

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.

1/08/01

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~ Delete
 NAME ~~DICKENSON, BARRUS~~
 STREET ADDRESS ~~8775 PARK BLVD., #106~~
 CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE VPD Change Addition
 NAME Dickenson, Barrus,
 STREET ADDRESS 8775 Park Blvd., #106,
 CITY-ST-ZIP Miami, Florida 33172.

TITLE ~~VPD~~ Delete
 NAME ~~THURMAN, KATHY~~
 STREET ADDRESS ~~8775 PARK BLVD., #121~~
 CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE SD Change Addition
 NAME Thurman, Kathy,
 STREET ADDRESS 8775 Park Blvd., #121,
 CITY-ST-ZIP Miami, Florida 33172.

TITLE ~~SD~~ Delete
 NAME ~~SOKOL, BESS~~
 STREET ADDRESS ~~8775 PARK BOULEVARD #520~~
 CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE D Change Addition
 NAME Sokol, Bess,
 STREET ADDRESS 8775 Park Blvd., #520,
 CITY-ST-ZIP Miami, Florida 33172.

TITLE D Delete
 NAME LLORCA, JOSE R
 STREET ADDRESS 8775 PARK BLVD., #517
 CITY-ST-ZIP MIAMI FL 33172

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~D~~ Delete
 NAME ~~BOWEN, CELIA~~
 STREET ADDRESS ~~8775 PARK BLVD. #415~~
 CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE TD Change Addition
 NAME Jurado, Regnier,
 STREET ADDRESS 8775 Park Blvd., #403,
 CITY-ST-ZIP Miami, Florida 33172.

TITLE ~~TD~~ Delete
 NAME ~~CABALLERO, LUIS~~
 STREET ADDRESS ~~8775 PARK BLVD. #405~~
 CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE PD Change Addition
 NAME Caballero, Luis,
 STREET ADDRESS 8775 Park Blvd., #405,
 CITY-ST-ZIP Miami, Florida 33172.

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:

Luis Caballero **REQUIRE LUIS CABALLERO**

(305) 593-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)