
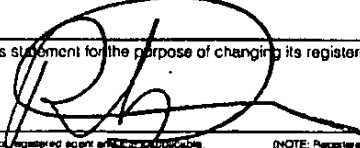
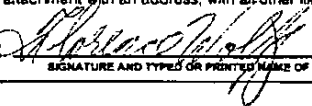


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90301 037 \*\*\*\*61.25

<b>DOCUMENT # 737855</b>					
1. Entity Name FERNWOODS LAKEVIEW CONDOMINIUM ASSOCIATION #1, INC.					
Principal Place of Business 7953 NW 53 STREET MIAMI, FL 33166 US		Mailing Address 7953 NW 53 STREET 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	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUGGEN, SR., ROBERT A. 7953 NW 53 STREET MIAMI, FL 33166			Name <u>Robert A. Duggen Sr.</u> Street Address (P.O.-Box Number is Not Acceptable) <u>7953 NW 53 ST</u> City <u>Miami</u> FL Zip Code <u>33166</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <u>4/8/06</u> <small>Signature, typed or printed name of registered agent where applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPO	<input checked="" type="checkbox"/> Delete	TITLE	Florence Wolff	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENSON, BARRUS		NAME	8775 Park Blvd. #320	
STREET ADDRESS	8775 PARK BLVD., #106		STREET ADDRESS	Miami, FL 33172	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	JOSE R. LORCA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZBERG, DAVID W		NAME	8775 Park Blvd #404	
STREET ADDRESS	8775 PARK BLVD, #510		STREET ADDRESS	Miami, FL 33172	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	SD <u>VP D</u>	<input type="checkbox"/> Delete	TITLE	<del>TO Manuel Pardo</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOKOL, BESS		NAME	<del>8775 Park Blvd. #511</del>	
STREET ADDRESS	8775 PARK BOULEVARD #520		STREET ADDRESS	<del>Miami, FL 33172</del>	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD Alma TORRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, MARGARIE		NAME	8775 Park Blvd. #503	
STREET ADDRESS	8775 PARK BLVD, #304		STREET ADDRESS	Miami, FL 33172	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	<del>VP</del> <u>P D</u>	<input type="checkbox"/> Delete	TITLE	D Maria Elena Humphreys	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFF, FLORENCE		NAME	8775 Park Blvd. #514	
STREET ADDRESS	8775 PARK BLVD, #320		STREET ADDRESS	Miami, FL 33172	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, CELIA		NAME		
STREET ADDRESS	8775 PARK BLVD #415		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					