2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737855

FILED Mar 02, 2009 Secretary of State

Entity Name: FERNWOODS LAKEVIEW CONDOMINIUM ASSOCIATION #1, INC.

Current Principal Place of Business: New Principal Place of Business: 8775 PARK BLVD. MIAMI, FL 33172 US **Current Mailing Address: New Mailing Address:** 8600 NW 17 STREET 1450 NW 87 AVENUE SUITE 145 SUITE 240 DORAL, FL 33126 DORAL, FL 33172 FEI Number: 59-1994182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUAN E. RODRIGUEZ, P.A. 6100 BLUE LAGOON DRIVE SUITE 360 MIAMI, FL 33126 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HUMPHREY, DALE P Name: Name: 8775 PARK BLVD #14 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: () Delete Title: (X) Change () Addition DIOLIVEIRA, CLARA A Name: DE OLIVEIRA, CLARA A Name: Address: 8775 PARK BLVD #112 Address: 8775 PARK BLVD #112 City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172 Title: S/D () Delete Title: () Change () Addition SMITH, LUZMIRA Name: Name: 8775 PARK BLVD #502 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: VP/D () Delete Title: VP/D (X) Change () Addition BENARD, CARMEN R Name: Name: SPRAGUE, CHRISTIAN Address: 9961 NW 51 LANE Address: 8775 PARK BLVD, #302 City-St-Zip: DORAL, FL 33178 City-St-Zip: MIAMI, FL 33172 Title: () Delete Title: () Change () Addition GONZALEZ, CAROLINA Name: Name: 8775 PARK BLVD Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: () Delete Title: (X) Change () Addition KATZBERG, DAVID SANCHEZ, LOURDES Name: Name: Address: 8775 PARK BLVD Address: 8775 PARK BLVD, APT 103 MIAMI, FL 33172 MIAMI, FL 33172 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA D OLIVEIRA P/D 03/02/2009