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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744278 (3)

1. Corporation Name
325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O RICHARD VERNON 656 CRANDON BLVD. KEY BISCAYNE FL 33149	Mailing Address C/O RICHARD VERNON 656 CRANDON BLVD. KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1978	3a. Date of Last Report 08/08/1994
4. FEI Number 59-1938787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 c/o Richard Vernon	2a. Mailing Address 26 c/o Richard Vernon
Suite, Apt. #, etc. 22 325 Fernwood Road	Suite, Apt. #, etc. 27 325 Fernwood Road
City & State 23 Key Biscayne, Fl.	City & State 28 Key Biscayne, Fl.
Zip 24 33149	Country 25 USA
Zip 29 33149	Country 30 USA

9. Name and Address of Current Registered Agent

**SMITH, FRED STANTON
100 N. BISCAYNE BLVD, 20TH FLOOR
MIAMI FL 33132**

10. Name and Address of New Registered Agent

01 Name Mr. Richard Vernon
02 Street Address (P.O. Box Number is Not Acceptable) 325 Fernwood Rd. Condominium Assoc.
03 325 Fernwood Road
04 City Key Biscayne
05 Zip Code FL 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Richard Vernon* DATE: **4/24/95**

Signature, typed or printed name of registered agent and the date applicable. NOTE: Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS

TITLE PD	NAME STONE, EDWARD H.
STREET ADDRESS 145 HAMPTON LANE	CITY - ST - ZIP KEY BISCAYNE FL
TITLE VD	NAME SPAULDING, LYNN
STREET ADDRESS 325 FERNWOOD RD, #7	CITY - ST - ZIP KEY BISCAYNE FL
TITLE TD	NAME VERNON, RICHARD
STREET ADDRESS 560 HAMPTON LANE	CITY - ST - ZIP KEY BISCAYNE FL
TITLE SD	NAME SCANELL, MARY
STREET ADDRESS 220 WOOD CREST RD	CITY - ST - ZIP KEY BISCAYNE FL
TITLE D	NAME KALTZCO, EDWARD
STREET ADDRESS 305 HARBOR CT	CITY - ST - ZIP KEY BISCAYNE FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Vernon, Richard	
13 STREET ADDRESS 609 Ocean Dr. Apt 10H	
14 CITY - ST - ZIP Key Biscayne, Fl., 33149	
21 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME Spalding, Lynn	
23 STREET ADDRESS 2451 Brickell Ave.	
24 CITY - ST - ZIP Miami, Fl., 33129	
31 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME Stone, Edward H.	
33 STREET ADDRESS 145 Hampton Lane	
34 CITY - ST - ZIP Key Biscayne, Fl., 33149	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	300001519033
43 STREET ADDRESS	-06/21/95--01036--010
44 CITY - ST - ZIP	****130.00 ****130.00
51 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME Macklin, Robert	
53 STREET ADDRESS 290 Glenridge Road	
54 CITY - ST - ZIP Key Biscayne, Fl., 33149	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Mary A. Scannell* Mary A. Scannell 04/27/95 305-361-5654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 4)