


FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90234 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744278

1. Corporation Name
325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.

497445 - 90234 - 8

Principal Place of Business C/O RICHARD VERNON 325 FERNWOOD ROAD KEY BISCAIYNE FL 33149	Mailing Address C/O RICHARD VERNON 325 FERNWOOD ROAD KEY BISCAIYNE FL 33149
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/14/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1938787
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent VERNON, RICHARD 325 FERNWOOD ROAD KEY BISCAIYNE FL 33149	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T STONE, EDWARD H. 145 HAMPTON LANE KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP SPAULDING, LYNN 2451 BRICKELL AVE MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD VERNON, RICHARD 609 OCEAN DR APT 10H KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	2.2 NAME	VP
SD SCANELL, MARY 220 WOOD CREST RD KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	325 Fernwood Road Apt. #04
D MACKLIN, ROBERT 290 GLENRIDGE ROAD KEY BISCAIYNE FL	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Key Biscayne, Fl., 33149
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	D
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	VERNON, HARRY
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	100 ISLAND DRIVE
	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	VERNON, HARRY
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	100 ISLAND DRIVE
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	KEY BISCAIYNE, FL.
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: MARY A. SCANELL MARY A. SCANELL 305-361-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/21/99 Daytime Phone #

CR2E037 (11/98)