

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90870 050 ****61.25

DOCUMENT # 744278

1. Entity Name

325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RICHARD VERNON
 325 FERNWOOD ROAD
 KEY BISCAIYNE FL 33149

% MANAGERS BOX
 325 FERNWOOD ROAD
 KEY BISCAIYNE FL 33149

2. Principal Place of Business

3. Mailing Address

325 FERNWOOD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MANAGER'S BOX

City & State

City & State

KEY BISCAIYNE, FLA

Zip

Country

Zip

Country

33149

DADE

4. FEI Number

59-1938787

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRIFFIN REALTY, INC.
 2050 CORAL WAY
 SUITE 305
 MIAMI FL 33145~~

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

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 NAME STREET ADDRESS CITY-ST-ZIP	T STONE, EDWARD H. 145 HAMPTON LANE KEY BISCAIYNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUBIN, SHIRLEY 325 FERNWOOD RD APT #4 KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERNON, RICHARD 609 OCEAN DR APT 10H KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCANELL, MARY 220 WOOD CREST RD KEY BISCAIYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKLIN, BARBARA 560 WARREN LANE KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYER, MARK 325 FERNWOOD RD # 12 KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VALLS, MARIA 325 FERNWOOD RD # 11 KEY BISCAIYNE, FLA 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAUBIN, SHIRLEY 325 FERNWOOD RD. # 4 KEY BISCAIYNE, FLA 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNON, RICHARD 609 OCEAN DR. # 10-H KEY BISCAIYNE, FLA 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVADA, ALBA 26 S.W. 20TH ROAD MIAMI, FLA, 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALDING, LYNE 2451 BRICKELL AVE, # 6P MIAMI, FLA 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYER, MARK 325 FERNWOOD RD. # 12 KEY BISCAIYNE, FLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: Shirley Daubin **SHIRLEY DAUBIN, President** 4/8/02 (305) 860-0944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)