
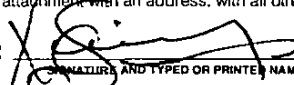


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90213 029 ****61.25

DOCUMENT # 744278					
1. Entity Name 325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 325 FERNWOOD ROAD MANAGER'S BOX KEY BISCAVNE, FL 33149			Mailing Address 325 FERNWOOD ROAD MANAGER'S BOX KEY BISCAVNE, FL 33149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1938787	
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		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLS, MARIA		NAME	Valls, Maria	
STREET ADDRESS	325 FERNWOOD ROAD, #11		STREET ADDRESS	325 Fernwood Rd., #11	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP	Key Biscayne, Fla. 33149	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUBIN, SHIRLEY		NAME	DAUBIN, SHIRLEY	
STREET ADDRESS	325 FERNWOOD RD APT #4		STREET ADDRESS	325 Fernwood Rd, Unit#4	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP	Key Biscayne, Fla. 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONEIL, GREGORY		NAME	NEVADA, ALBA	
STREET ADDRESS	325 FERNWOOD RD		STREET ADDRESS	26 S.W. 20TH, ROAD #3	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP	MIAMI, FLA. 33129	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKLIN, ROBIN		NAME		
STREET ADDRESS	290 GLENRIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVADA, ALBA		NAME	DESOSA, OLGA	
STREET ADDRESS	26 SW 20TH RD		STREET ADDRESS	4525 S.W. 62nd. Court	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	Miami, Fla. 33155	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPALDING, LYNNE		NAME	SPALDING, LYNNE	
STREET ADDRESS	2451 BRICKELL AVE, #6D		STREET ADDRESS	2411 BRICKELL AVE, #6D	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FLA. 33129	
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/22/05		(305) 860-0944	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Ginny Valls President		<small>Date</small>		<small>Daytime Phone #</small>	