

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2009
Secretary of State**

DOCUMENT# 744278

Entity Name: 325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

325 FERNWOOD ROAD
MANAGER'S BOX
KEY BISCAWAYNE, FL 33149

New Principal Place of Business:

325 FERNWOOD ROAD
32F FERNWOOD RD, MGRS. BOX
KEY BISCAWAYNE, FL 33149

Current Mailing Address:

325 FERNWOOD ROAD
MANAGER'S BOX
KEY BISCAWAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1938787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: VALLS, MARIA
Address: 325 FERNWOOD ROAD. #11
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: D () Delete
Name: DAUBIN, SHIRLEY
Address: 325 FERNWOOD RD APT #4
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: SD () Delete
Name: MISE, CINDY
Address: 1441 BRICKELL AVE., SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: TD (X) Delete
Name: DANIELS, RONA
Address: 1441 BRICKELL AVE, #1400
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: DESOSA, OLGA
Address: 4525 SW 62ND COURT
City-St-Zip: MIAMI, FL 33155

Title: D (X) Delete
Name: TIEM, CHARLES
Address: 26 S.W. 20TH ROAD, #3
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DESOSA, OLGA M
Address: 4525 S.W. 62ND. COURT
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change () Addition
Name: DANIELS, RONA
Address: 1441 BRICKELL AVE., SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARIA VALLS

P

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date