
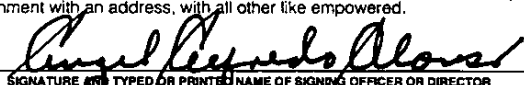


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90153 048 \*\*\*\*61.25

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # 736966</b><br>1. Entity Name<br><b>FERNWOODS CONDOMINIUM ASSOCIATION #2, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>14721 SW 110 TERR</b><br><b>MIAMI, FL 33196 US</b>  |  |   | Mailing Address<br><b>14721 SW 110 TERR</b><br><b>MIAMI, FL 33196 US</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  |  |  |
| Zip   | Country  | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |  |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>T&amp;G MANAGMENT SERVICES</b><br><b>14721 SW 110 TERR</b><br><b>MIAMI, FL 33196</b>   |  |   |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12928 SW 133 Ct.</b><br># <b>A</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33186</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>GONZALEZ NIETO, SILVA</b><br><b>9735 NW 52ND ST. #410</b><br><b>MIAMI, FL 33178</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input checked="" type="checkbox"/> Delete<br><br><br><br>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ALONSO, ANGEL</b><br><b>502 NW 87 AVE #409</b><br><b>MIAMI, FL 33172</b>                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>P</b><br><b>ALONSO, ANGEL</b><br><b>502 NW 87 Ave</b><br><b>MIAMI, FL 33186</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>GONZALEZ, ARNALDO</b><br><b>702 NW 87 AVE #102</b><br><b>MIAMI, FL 33172</b>        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><br><br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>MCNEILL, RICHARD</b><br><b>502 NW 87 AVE #107</b><br><b>MIAMI, FL 33172</b>         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><br><br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>NIETO, DELIA</b><br><b>506 NW 87 AVE #209</b><br><b>MIAMI, FL 33172</b>             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input checked="" type="checkbox"/> Delete<br><br><br><br>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>MARTINEZ, OMAR</b><br><b>506 NW 87 AVE #402</b><br><b>MIAMI, FL 33172</b>           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><br><br>  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>    |  |   |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |  |  |
| <small>Date Daytime Phone #</small>   |  |   |  |  |  |

14007153



04112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1551361**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**