FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 716425** 1. Entity Name FERN GARDENS CONDOMINIUM, INC. 04-03-2001 90095 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 5041 W OAKLAND PARK BLVD 5041 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1372762 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RUDD, DON 5061 W OAK PK BLVD LAUDERANCE LKS FL 33313 Zip Code FL 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 Fiorida. 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Change TITLE ☐ Delete TITI F MCCALL, FRANCES NAME NAME 5061 W OAKLAND PK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP SD ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME ACCARINO, ROSE NAME STREET ADDRESS 5061 W OAKLAND PK BLVD STREET ADDRESS -CITY-ST-ZIP .-. LAUDERDALE: LKS, FL 00000 :--CITY-ST-ZIP PD TITLE Delete TITLE Change ☐ Addition RUDD, DON NAME NAME 5061 W OAKLAND PK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33313 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition PESING, LOUISE NAME NAME STREET ADDRESS 5061 W OAKLAND PK BLVD STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SCHWARTZ, DORIS NAME 5061 W OAKLAND PK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP TITLE ☐ Celete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 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:

TOUR LOCATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Secretary

Daytime Phone #