

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90201 035 ****61.25

DOCUMENT # 716425

1. Entity Name

FERN GARDENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**5041 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313**

**5041 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1372762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDD, DON
5061 W OAK PK BLVD
LAUDERDALE LKS FL 33313**

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	VPD MCCALL, FRANCES 5061 W OAKLAND PK BLVD LAUDERDALE LAKES FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACCARINO, ROSE 5061 W OAKLAND PK BLVD LAUDERDALE LKS, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDD, DON 5061 W OAKLAND PK BLVD FORT LAUDERDALE FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESING, LOUISE 5061 W OAKLAND PK BLVD LAUDERDALE LAKES FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ, DORIS 5061 W OAKLAND PK BLVD LAUDERDALE LAKES FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Accarino
4/8/02 733-1243

CR2E037 (9/01)