


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90053 045 \*\*\*\*61.25

<b>DOCUMENT # 716425</b> 1. Entity Name <b>FERN GARDENS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>5041 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313</b>			Mailing Address <b>5061 WEST OAKLAND PK BLVD LAUDERDALE LAKES, FL 33313</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1372762</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ASHWORTH, LARRY 5061 W OAKLANE PK BLVD. APT. F302 LAUDERDALE LKS, FL 33313</b>				7. Name and Address of New Registered Agent Name <b>PARDO PRIMAVERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5061 W. OAKLAND PARK BL</b> <b>APT. F 305</b> City <b>LAUDERDALE LAKES</b> FL Zip Code <b>33313</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 <u>PARDO PRIMAVERA</u> <i>Pardo Primavera</i> <u>Jul 1 '08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIMAVERA, PARDO 5061 W. OAKLAND PARK BLVD., F305 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SAFERIAN, JULIA 5061 W. OAKLAND PARK BLVD., F110 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESING, LOUISE 5061 W OAKLAND PK BLVD., UNIT F303 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASHWORTH, LARRY 5061 W. OAKLAND PARK BLVD., F302 LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANADY, BRUCE 5061 W. OAKLAND PARK BLVD., F111 FORT LAUDERDALE, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GEORGE BARNUM 5061 W. OAKLAND PARK BL# 205 LAUDERDALE LAKES FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINA FORGIONE 5061 W. OAKLAND PARK BL# 114 LAUDERDALE LAKES FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: PARDO PRIMAVERA</b> <i>Pardo Primavera</i> <u>Jul 1 '08</u> <b>954-739-1801</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					