

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744278

1. Entity Name

325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O RICHARD VERNON
325 FERNWOOD ROAD
KEY BISCAYNE FL 33149

Mailing Address

C/O RICHARD VERNON
325 FERNWOOD ROAD
KEY BISCAYNE FL 33149-1332

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VERNON, RICHARD
325 FERNWOOD ROAD
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	STONE, EDWARD H.	
STREET ADDRESS	145 HAMPTON LANE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAUBIN, SHIRLEY	
STREET ADDRESS	325 FERNWOOD RD APT #4	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VERNON, RICHARD	
STREET ADDRESS	609 OCEAN DR APT 10H	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCANELL, MARY	
STREET ADDRESS	220 WOOD CREST RD	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERNON, HARRY	
STREET ADDRESS	100 ISLAND DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

BARBARA MACKLIN
561 WARREN LANE
KEY BISCAYNE, FL. 33149

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: *Mary Scanell* Secretary

305
361
565-4
April 25, 2000

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90878 049 ****61.25

RECEIVED



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938787 ☐ Applied For ☐ Not Applicable

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