

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

90 MANAGERS BOX

Suite, Apt. #, etc.

325 FERNWOOD ROAD

Key Biscayne, FLA.

Zip

33149

Country

DADE

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

GRIFFIN REALTY, INC.

Street Address (P.O. Box Number is Not Acceptable)

2050 CORAL WAY, SUITE 305

City

MIAMI,

FL

Zip Code

33145

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.

JAN R. GRIFFIN

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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 NAME STREET ADDRESS CITY-ST-ZIP	T STONE, EDWARD H. 145 HAMPTON LANE KEY BISCAYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAUBIN, SHIRLEY 325 FERNWOOD RD APT #4 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNON, RICHARD 609 OCEAN DR APT 10H KEY BISCAYNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCANELL, MARY 220 WOOD CREST RD KEY BISCAYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKLIN, BARBARA 561 WARREN LANE KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUBIN, SHIRLEY 325 FERNWOOD ROAD #4 KEY BISCAYNE, FLA. 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEYER, MARK 325 FERNWOOD RD #12 KEY BISCAYNE, FLA 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERNON, RICHARD 609 OCEAN DRIVE KEY BISCAYNE, FLA. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKLIN, BARBARA 560 WARREN LANE KEY BISCAYNE, FLA 33149	<input checked="" type="checkbox"/> Change <input 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 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 67, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90070 044 ****61.25