

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90057 008 ****61.25

DOCUMENT # 744278

1. Entity Name
325 FERNWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
325 FERNWOOD ROAD
MANAGER'S BOX
KEY BISCAYNE, FL 33149

Mailing Address
325 FERNWOOD ROAD
MANAGER'S BOX
KEY BISCAYNE, FL 33149

40074019



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1938787

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

GRIFFIN REALTY, INC.
2050 CORAL WAY
SUITE 305
MIAMI, FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS VALLS, MARIA
CITY-ST-ZIP 325 FERNWOOD ROAD, #11
KEY BISCAYNE, FL 33149 ☐ Delete

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

TITLE
NAME DS
STREET ADDRESS DAUBIN, SHIRLEY
CITY-ST-ZIP 325 FERNWOOD RD APT #4
KEY BISCAYNE, FL 33149 ☒ Delete

TITLE
NAME DIRECTOR
STREET ADDRESS DAUBIN, SHIRLEY
CITY-ST-ZIP 325 FERNWOOD RD. APT #4
KEY BISCAYNE, FL 33149 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS VALLS, JOSE
CITY-ST-ZIP 50 SW 18TH RD
MIAMI, FL 33129 ☒ Delete

TITLE
NAME SD
STREET ADDRESS MISE, CINDY
CITY-ST-ZIP 1441 BRICKELL AVE, SUITE #1400
MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS MACKLIN, ROBIN
CITY-ST-ZIP 290 GLENRIDGE RD
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME TD
STREET ADDRESS DANIEL, RONA
CITY-ST-ZIP 1441 BRICKELL AVE, SUITE #1400
MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS DESOSA, OLGA
CITY-ST-ZIP 4525 SW 62ND COURT
MIAMI, FL 33155 ☐ Delete

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

TITLE
NAME TD
STREET ADDRESS TIEM, CHARLES
CITY-ST-ZIP 2451 BRICKELL AVE UNIT G-P
MIAMI, FL 33129 ☐ Delete

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIA VALLS, PRESIDENT