

05-01-2006 90374 001 ****61.25

N01000005378

FILED

06 AUG 17 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

40074436



04192006 Chg-NP CR2E037 (11/05)

4. FFI Number **20-5383101** App'd For Not Applicable

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

DOCUMENT # N01000005378			
1. Entity Name 442-444 FERNWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2050 CORAL WAY STE 501 MIAMI, FL 33145		Mailing Address 2050 CORAL WAY STE 501 MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SARMIENTO, DANIZZIA 1357 NW 99TH AVENUE PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P O Box Number's 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 _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERN, MARTIN	NAME	
STREET ADDRESS	2050 CORAL WAY, STE. 501	STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33145	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARMIENTO, DANIZZIA	NAME	
STREET ADDRESS	1357 NW 99TH AVE	STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES, FL 33024	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELIKY, ANA MARIA A	NAME	
STREET ADDRESS	444 FERNWOOD	STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL 33149	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, RAUL	NAME	
STREET ADDRESS	EDIFICIO PLAZA OFFICE 1005	STREET ADDRESS	
CITY ST ZIP	GUAYAGIEL, EQUADOR.	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
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 reports 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: _____		04-18-06	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			