


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90033 042 ****61.25

DOCUMENT # N95000001484 1. Entity Name FERNWALK HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 16380 WINKLER ROAD FORT MYERS, FL 33908			Mailing Address 15880 SUMMERLIN RD STE. 300, PMB 187 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0612502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERREIRA, IRENE 8866 BRACKEN WAY FORT MYERS, FL 33908				Name GENE MARDERNES S Street Address (P.O. Box Number is Not Acceptable) 8883 BRACKEN WAY City FORT MYERS FL Zip Code 33908	
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><i>Gene Mardernes</i></u> PRESIDENT <u><i>2/2/07</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, EILEEN 8807 STAGHORN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, PAUL 8908 BRACKEN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	V VICE-PRESIDENT PAUL MURPHY 8908 BRACKEN WAY FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA, IRENE 8866 BRACKEN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	D DIRECTOR JOANNE WEBER 8815 BRACKEN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALDERNESS, GENE 8883 BRACKEN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	P PRESIDENT MARDERNES, GENE 8883 BRACKEN WAY FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACK, MYRA 8890 BRACKEN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYBON, MARILYN 8856 STAGHORN WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	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.					
SIGNATURE: <u><i>Myra Mack</i></u> Treasurer <u><i>1/31/07</i></u> <u><i>239-432-0316</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					