

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002716

FILED
Feb 19, 2009
Secretary of State

Entity Name: FERNWOOD PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:

C/O ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

C/O ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0612427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT
C/O ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAMFORD, BILL
Address: 4534 FERN DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: V () Delete
Name: SHELTON, MARGE
Address: 4532 FERN DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: T () Delete
Name: HAWBLITZED, BETTY LEE
Address: 4528 FERN DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: S () Delete
Name: MERCHANT, PAT
Address: 4546 FERN DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: REISTER, VINCE
Address: 4530 FERN DRIVE
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BAMFORD

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date