

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000001188

1. Corporation Name

FERNWOOD WEST CONDOMINIUM ASSOCIATION, INC.

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90033 028 ****61.25

2 3 8 8 9 4 * 230894 - 90033 - 28

Principal Place	e of Business	Mailing Address					
25 SE 2ND AV MIAMI FL 3313	enue suite 1235 1	25 SE 2ND AVENUE SUITE 1235 MIAMI FL 33131					
2. Principal P	ace of Business	2a. Mailing Address				3: Date Incorporated or Qualifed	\neg
21		26				02/27/1998	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For	
22		27				-65-0900756 Not Applicab	le
City & Stat	e	City & State				5. Certificate of Status Desired \$8.75 Additional	
23		28				5. Certificate bil Status Desired Fee Required	
Zip	Country	Zip	Zip Country			6. Election Campaign Financing 55.00 May Be	
24	25	29	30			Trust Fund Contribution Added to Fees	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
			<u> </u>	81	Name		
SANTOS, MAURO C ESQ				92	Charact Address (D.O. Ray Number in Not Accordable)		
SANTOS, MADRO C ESC SANTOS & COMPANY, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)			- {
25 SE 2ND AVENUE SUITE 1235				83			\neg
							_
MIAMI FL	33131			84	City	El 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NO		i Agent	t signature requ	equired when reinstating) DATE	
12.	: OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addit	зоп
NAME	CITO, CARLOS		1.2 N	AME			•
STREET ADDRESS	741 HERON ROAD		1.3 \$1	1.3 STREET ADDRE			
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		1.4 CI	TY-ST	-ZIP		\Box
TITLE	D	☐ DELETE	2.1 ग	TLE		☐ Change ☐ Addit	tion
NAME	PESTANA, GLORIA GOMES		2.2 N	AME	- 1		İ
STREET ADDRESS	741 HERON ROAD		2.3 S	2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		2.40	#TY-S1	r-zip -	and the second s	•
TITLE	D	☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addit	tion
NAME	SANTOS, MAURO C		3.2 N	AME			
STREET ADDRESS	25 SE 2ND AVENUE SUITE 1235		3.3 \$	TREET	ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33131			TY-ST			
TITLE	T	☐ DELETE	4.1 Π			☐ Change ☐ Addit	tion
NAME	CITO, CARLOS	, —	4. 2 N	AME			
	741 HERON ROAD				ADDRESS		
STREET ADDRESS	FORT LAUDERDALE FL 33326			4.3 STREET ADDRESS 4.4 City-St-Zip		•	
CITY-ST-ZIP	TONT ENOBERDALE TE 33320	☐ DELETE	5.1 Ti		- 211	☐ Change ☐ Additi	tion
TITLE		_ >=====	5.2 N				
NAME					ADDRESS	•	I
STREET ADDRESS				TY-ST			- 1
CITY-ST-ZIP			6.1 TI		-217	☐ Change ☐ Addit	tion
TITLE	,.	☐ DELETE	6.1 H			Collaride C Additi	2011
NAME							ļ
STREET ADDRESS					ADDRESS		- 1
CITY-ST-ZIP			6.4 C	ITY-ST	-ZIP	·	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: