

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-23-2004 90033 015 ****61.25

DOCUMENT # N02000006705					
1. Entity Name 7400 OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109			Mailing Address ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1147987	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTNAM, RICHARD ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
State check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELK, JOHN J		NAME		
STREET ADDRESS	ONE FISHER ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE	VDT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, DANIEL E		NAME		
STREET ADDRESS	ONE FISHER ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNAM, RICHARD		NAME		
STREET ADDRESS	ONE FISHER ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	POSOR, MICHAEL	
STREET ADDRESS			STREET ADDRESS	ONE FISHER ISLAND DR.	
CITY-ST-ZIP			CITY-ST-ZIP	FISHER ISLAND, FL 33109	
TITLE		<input type="checkbox"/> Delete	TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BRINON, MARK	
STREET ADDRESS			STREET ADDRESS	7463 FISHER ISLAND DR.	
CITY-ST-ZIP			CITY-ST-ZIP	FISHER ISLAND, FL 33109	
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 exemption stated in Section 119.07(3)(i), 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: 		JERRY M. BLOWLESS		1/9/04 305-532-3144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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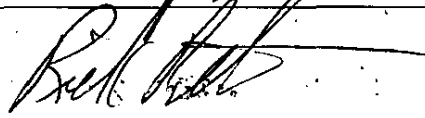


01082004 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

Additional Fee Required

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:



PROXY MANAGER