


**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

2008 JUN 26 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business - No P.O. Box #
13 Fisher Island

Mailing Address
13 Fisher Island

Suite, Apt. #, etc.

City & State
Fisher Island

City & State
Fisher Island

Zip
33109

Country
Dade

Country
Dade



04102001 REINSTATEMENT INFLA 1/07-08
REINSTATEMENT
07-08

6. Name and Address of Current Registered Agent

HYMAN, MICHAEL
150 W FLAGLER ST 27TH FL MUSEUM TOWER
MIAMI, FL 33130

4. FEI Number
65-1147987

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

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 _____ DATE **6/20/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50 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	PD BERKMAN, MYLES 7461 FISHER ISLAND DR FISHER ISLAND, FL 33109 <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	VPT PRUITT, JIM 7431 FISHER ISLAND DR FISHER ISLAND, FL 33109 <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	VPS SCHWOLBE, FRED 7424 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: _____ DATE **6/20/08** Daytime Phone # _____

SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR