## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006705

FILED Apr 27, 2009 Secretary of State

Entity Name: 7400 OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6 FISHER ISLAND DR 41213 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 FISHER ISLAND, FL 33109 **Current Mailing Address: New Mailing Address:** 6 FISHER ISLAND DR 41213 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 FISHER ISLAND, FL 33109 FEI Number: 65-1147987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HYMAN, MICHAEL AKAM-ON-SITE, INC. ATTEN: ELLEN LOHR 6421 CONGRESS AVE. 150 W FLAGLER ST 27TH FL MUSEUM TOWER SUITE #110 MIAMI, FL 33130 US BOCA RATON, FL 33487 US 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: AKAM-ON-SITE 04/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BERKMAN, MYLES Name: Name: 7461 FISHER ISLAND DR Address: Address: City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: PRUITT, JIM Name: Address: 7431 FISHER ISLAND DR Address: City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition SCHWALBE, FRED Name: Name: 7424 FISHER ISLAND DRIVE Address: Address: City-St-Zip: FISHER ISLAND, FL 33109 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: MYLES BERKMAN PD 04/27/2009