FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # N28948 (0)

1. Corporation Name
MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL A. MASH, JR. ONE FISHER ISLAND DR. FISHER ISLAND FL 33109	C/O MICHAEL A. MASH, JR. ONE FISHER ISLAND DR. FISHER ISLAND FL 33109

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0087856 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 One Fisher Island Drive	26 One Fisher Island Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fisher Island, FL	City & State 28 Fisher Island, FL
Zip 24 33109	Zip 29 33109
Country 25 USA	Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIMINO, JOSEPH C. 2436 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	X Change ☐ Addition
NAME	MASH, MICHAEL A., JR.	1.2 NAME	G. Michael Thomas
STREET ADDRESS	ONE FISHER ISLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	TORTER, ROBERT E.	2.2 NAME	
STREET ADDRESS	2416 FISHER ISLAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND NY	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIMINO, JOSEPH C.	3.2 NAME	
STREET ADDRESS	2436 FISHER ISLAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: G. Michael Thomas, Secretary & Director 4/20/95 305-535-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006687