## 2006 NOT-FOR-PROFIT CORPORATION

## May 04, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N28948 05-04-2006 90229 014 \*\*\*\*61.25 1. Entity Name MARÍNA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC. Principal Place of Business Mailing Address ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US FISHER ISLAND, FL 33109 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Numbe 65-0087856 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HYMAN, MICHAEL 150 W FLAGLER ST MUSEUM TOWER ST 2701 Street Address (P.O. Box Number is Not Acceptable) MIAM!, FL 33130 City Zip Code 8. The above gamed 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Fiorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEVINE, DENISE NAME STREET ADDRESS ONE FISHER ISLAND DRIVE STREET ADDRESS FISHER ISLAND, FL 33109 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete TITLE TITLE Change ■ Addition TCHINOSIAN, GEORGE NAME NAME STREET ADDRESS ONE FISHER ISLAND DR STREET ADDRESS FISHER ISLAND, FL 33109 CITY-ST-7IP CITY-ST-7IP SD **Delete** TITLE TITLE ☐ Addition SD HORST, BINZER NAME Bruce Youner One Fisher Island Drive STREET ADDRESS ONE FISHER ISLAND DRIVE STREET ADDRESS FISHER ISLAND, FL 33109 Fisher Island, Florida 33109\_ CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change [ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TELLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 of 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 or an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI 100 e

**FILED**