

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90224 043 ****61.25

DOCUMENT # N28948 1. Entity Name MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.					
Principal Place of Business 40000 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US			Mailing Address C/O CSI INTERNATIONAL, INC 42309 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0087856	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYMAN, MICHAEL 150 W FLAGLER ST MUSEUM TOWER ST 2701 MIAMI, FL 33130			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEVINE, DENISE		NAME		
STREET ADDRESS	ONE FISHER ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BARTER, SCOTT		NAME		
STREET ADDRESS	ONE FISHER ISLAND DR		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	YOUNER, BRUCE		NAME		
STREET ADDRESS	ONE FISHER ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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 17, 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: <i>Denise Levine</i>			Date: 4/30/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 305-674-1222		