2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28948

FILED Mar 20, 2009 Secretary of State

Entity Name: MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6 FISHER ISLAND DR

FISHER ISLAND, FL 33109 US

Current Mailing Address: New Mailing Address:

6 FISHER ISLAND DR

FISHER ISLAND, FL 33109 US

FEI Number: 65-0087856 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

MARTIN & BENNIS 150 W FLAGLER ST MUSEUM TOWER ST 2701 319 SE 14TH STREET

FORT LAUDERDALE, FL 33316 MIAMI, FL 33130 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: ROBERT MARTIN, ESQ 03/20/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

FISHER ISLAND, FL 33109

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FISHER ISLAND, FL 33109

() Delete (X) Change () Addition

LEVINE, DENISE LEVINE, DENISE Name: Name: 40311 FISHER ISLAND DR. Address: 40311 FISHER ISLAND DR. Address:

City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: FISHER ISLAND, FL 33109

Title: TD Title: (X) Change () Addition () Delete Name: BARTER, SCOTT Name: BARTER, SCOTT

Address: 41000 FISHER ISLAND DR. Address: 41000 FISHER ISLAND DR.

Title: (X) Delete Title: () Change () Addition

YOUNER, BRUCE Name: Name: ONE 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: DENISE LEVINE Ρ 03/20/2009