2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N30344 1. Entity Name

Principal Place of Business

OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATI



FILED Aug 17, 2000 8:00 am Secretary of State 02-29-2000 90186 007 ****61.25

C/O MICHAEL A. MASH. JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109		C/O MICHAEL A. MASH. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109		. 	19688				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9	City & State	<u> </u>	4. FEI Number	65-0096544	Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of St	5. Certificate of Status Desired \$8.75 A Fee Requi				
•	6. Name and Address of Curren	Registered Agent	7. Name and Add	7. Name and Address of New Registered Agent					
4520 OCE	RICHARD S. ANFRONT AVE BCH FL 33109		()	toward LO dress (P.O. Box Number is N CO F S Ass	A ber tot Acceptable) The Acceptable of the Ac				
8. The above	named entity submits this statement f	or the purpose of changing its	c registered office or re	egistered agent, or both, in	-	FL 25 3	109		
	FILE NOW: FEE IS \$61.25 ember 13, 2000 min. will be \$	236.25 Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Departme	ck Payable to ent of State			
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND		10		
TITLE	TD	Delete	TITLE	111	Arr. a.	C hange	☐ Addition 3		
NAME	GOLDIN, BARRY		NAME	HOWARD LON	oer .	11111	}		
STREET ADDRESS CITY-ST-ZIP	8043 FISHER LISAND DR FISHER ISLAND FL		STREET ADDRESS CITY-ST-ZIP	10WHA 2010 8061 FISHER FISHER ISU	and i Fig	33/09			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLEY, RICHARD S 4520 OCEANFRONT AVE VIRGINIA BEACH VA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition 6		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, ISABEL 8053 FISHER ISLAND DR FISHER ISLAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
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12. I hereby of indicated	certify that the information supplied with on this report or supplemental report	h this filing does not qualify fo is true and accurate and that r	r the exemption stated my signature shall have	d in Section 119.07(3)(i), Flore the same legal effect as it	orida Statutes. I further	certify that the in	nformation or director		

changed, or on an attachment

SIGNATURE:

Daytime Phone #

DOC#N30344 19688

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