

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # N30344

1. Entity Name
 OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O MICHAEL A. MASH, JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	Mailing Address C/O MICHAEL A. MASH, JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109
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2. Principal Place of Business 1 FISHER ISLAND DRIVE	3. Mailing Address 1 FISHER ISLAND DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FISHER ISLAND FL	City & State FISHER ISLAND FL
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Zip 33109	Country	Zip 33109	Country
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4. FEI Number 65-0096544	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LORBER HOWARD
 8061 FISHER ISLAND DR
 FISHER ISLAND FL 33109 US

7. Name and Address of New Registered Agent

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.

SIGNATURE HOWARD LORBER DATE 01/09/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY ISABEL 8053 FISHER ISLAND DR FISHER ISLAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLEY RICHARD S 4520 OCEANFRONT AVE VIRGINIA BEACH VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDIN BARRY 8043 FISHER LISAND DR FISHER ISLAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD LORBER HOWARD 8061 FISHER ISLAND DRIVE FISHER ISLAND FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: HOWARD LORBER PD 01/09/2001

CR2E037 (11/00)