

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N30344**

<b>1. Entity Name</b> OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> C/O MICHAEL A. MASH, JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109		<b>Mailing Address</b> C/O MICHAEL A. MASH, JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	
<b>2. Principal Place of Business</b> 1 FISHER ISLAND DRIVE		<b>3. Mailing Address</b> 1 FISHER ISLAND DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> FISHER ISLAND FL		<b>City &amp; State</b> FISHER ISLAND FL	
<b>Zip</b> 33109	<b>Country</b>	<b>Zip</b> 33109	<b>Country</b>
<b>4. FEI Number</b> 65-0096544		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
LORBER HOWARD 8061 FISHER ISLAND DR  FISHER ISLAND FL 33109 US		Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> <u>HOWARD LORBER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>01/09/2001</b> <small>DATE</small>	
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> SD <input type="checkbox"/> Delete	<b>NAME</b> MURRAY ISABEL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8053 FISHER ISLAND DR		<b>NAME</b>	
<b>CITY-ST-ZIP</b> FISHER ISLAND FL		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> PD BARTLEY RICHARD S	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4520 OCEANFRONT AVE		<b>NAME</b>	
<b>CITY-ST-ZIP</b> VIRGINIA BEACH VA		<b>STREET ADDRESS</b> 8061 FISHER ISLAND DRIVE	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> TD GOLDIN BARRY	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8043 FISHER ISLAND DR		<b>NAME</b>	
<b>CITY-ST-ZIP</b> FISHER ISLAND FL		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b> <u>HOWARD LORBER</u>		<b>PD</b>	<b>01/09/2001</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (11/00)