FILED
Mar 31, 2005 8:00 am
Secretary of State
02-18-2005 90059 004 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N30344

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

66008054

Principal Place of Business	Mailing Address
1 FISHER ISLAND DRIVE FISHER ISLAND, FL. 33109	1 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0096544 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LORBER, HOWARD 8061 FISHER ISLAND DR FISHER ISLAND, FL 33109	Name: Michael Hyman Street Address (P.O. Box Number is Not Acceptable): 150 West Flagler Street 27th Floor Museum Tower City: Miami FL Zip Code: 3313

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 3/5/05

Filing Fee is $61.25 Due by May 1, 2005

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	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDIN, BARRY		NAME	
STREET ADDRESS	8043 FISHER LISAND DR		STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LORBER, HOWARD		NAME	
STREET ADDRESS	8061 FISHER ISLAND DRIVE		STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LORBER, HOWARD		NAME	
STREET ADDRESS	8061 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
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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 exemption stated in Section 119.07(3)(i), 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: ______ Property Manager 1/17/05 305-532-3144
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Barry L Goldin V.P. 3/23/05 305 674-4484