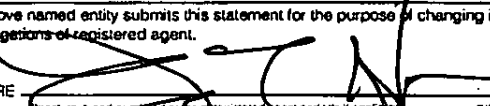
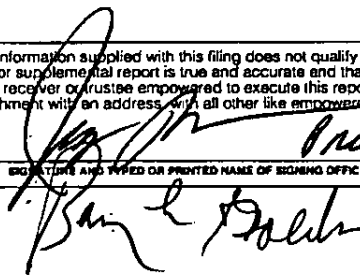


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

02-18-2005 90059 004 ****61.25

DOCUMENT # N30344					
1. Entity Name OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1 FISHER ISLAND DRIVE FISHER ISLAND, FL. 33109			Mailing Address 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	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: <u>Michael Hyman</u> Street Address (P.O. Box Number is not Acceptable): <u>150 West Flagler Street</u> <u>27th Floor Museum Tower</u> City: <u>MIAMI</u> FL Zip Code: <u>33130</u>	
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: 				DATE: <u>3/5/05</u>	
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 ISLAND 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: 				DATE: <u>3/23/05</u> 305-532-3144	
IDENTIFICATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66008054



01112005 Chg-NP CR2E037 (10/03)