

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90058 006 ****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



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

HYMAN, MICHAEL
150 WEST FLAGLER STREET
27TH FLOOR MUSEUM TOWER
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GOLDIN, BARRY
8043 FISHER LISAND DR
FISHER ISLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LORBER, HOWARD
8061 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HUBBARD, PATRICIA
8024 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/07