


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90224 020 ****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 - No P.O. Box # 6 Fisher Island Dr.		3. Mailing Address 6 Fisher Island Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fisher Island, FL		City & State Fisher Island, FL		4. FEI Number 65-0096544	
Zip 33109		Country Dade		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name: HUMAN SPECTOR & MARS 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDIN, BARRY 8043 FISHER ISLAND DR FISHER ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOWARD LORBER 8061 FISHER ISLAND DR. FISHER ISLAND, FL 33109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORBER, HOWARD 8061 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRY GOLDIN 8043 FISHER ISLAND DR. FISHER ISLAND, FL 33109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBBARD, PATRICIA 8024 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer PATRICIA HUBBARD 8024 FISHER ISLAND DR. FISHER ISLAND, FL 33109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 # _____					