

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36502 (5)**

1. Corporation Name

**OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

ONE FISHER ISLAND DRIVE  
1 FISHER ISLAND DR.  
FISHER ISLAND FL 33109  
US

ONE FISHER ISLAND DRIVE  
1 FISHER ISLAND DR.  
FISHER ISLAND FL 33109  
US

3. Date Incorporated or Qualified  
**02/07/1990**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0173588**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COTTLER, MARY M  
7911 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **TD GITIN, EUGENE L**  
STREET ADDRESS **7957 FISHER ISLAND DRIVE**  
CITY-ST-ZIP **FISHER ISLAND FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **SD KRAFTSOW, CAROLYN**  
STREET ADDRESS **7917 FISHER ISLAND**  
CITY-ST-ZIP **FISHER ISLAND FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **PD COTTLER, MARY M**  
STREET ADDRESS **7911 FISHER ISLAND DRIVE**  
CITY-ST-ZIP **FISHER ISLAND FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mary Cottler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)