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1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N36502

(5)

OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO A SSOCIATION, INC.

| Principal Place | of Business | Mailing Address | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | # 1691/101 BOD 11110 BINDA DAIA! BOINT (KON BIDAN DIDIN ENDIN BABAN DADAH RODI |
|---|--|---|--|---|---|--|
| ONE FISHER ISL | AND DRIVE | ONE FISHER ISLAND DRIVE | | | | |
| 1 FISHER ISLAN | | 1 FISHER ISLAND DR. | | | | |
| FISHER ISLAND | FL 33109 | FISHER ISLAND FL 33109-00 | .001 | | | 2. Data Incomposited by Outsidian 1.25. Data of Lost Danage |
| US | | U\$ | | | 3. Date Incorporated or Qualified 02/07/1990 3a. Date of Last Report 03/06/1996 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | L | | | 4. FEI Number Applied For |
| 21 | | 26 | re made and a second se | | | 65-0173588 Not Applicable |
| Suite, Apt. # | r, etc. | Suite, Apt. #, etc. | - | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| Zip Country | | 28 Zip | | | | Trust Fund Contribution Added to Fees |
| | | <u> </u> | h | | | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 9. Name and Address of Currer | | 1==1 [77] | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| | g. Italia and have an entire | it una prototo se | | B1 | Name | IV. Raine and Address of New Degretated Agent |
| COTTLED | S MADY M | | | | 1700115 | |
| | R, MARY M HER ISLAND DRIVE | | 82 Street Ad | | Street A | Address (P.O. Box Number is Not Acceptable) |
| | SLAND FL 33109 | | E | 83 | | |
| | | | Ē | 84 | City | 85 Zip Code |
| 44 Dureyant to | a the provinces of Continue 617 OFF | 20 d 047 4500 Florido Ctobato | ** | | | |
| 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. | | ID DIRECTORS | 13. | · Go. | - | |
| TITŁE | TD | DELETE | 1.1 TITLE | | T | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO Change Addition LEON AND WALK DEN 7962 FISHEN ISLAND, FLA Change Addition |
| NAME | GITIN, EUGENE L | | 1.2 NAM | | | I ED JAMA WALK DEN |
| STREET ADDRESS | 7957 FISHER ISLAND DRIVE | | | | ADDRESS | MAIS FISHER ISLAM DRIVE |
| CITY-ST-ZIP | FIGUED TOLAND FI | | | 1.4 CITY-ST-ZIP | | 1762 EILLE TTLAND KLA |
| TITLE | | | | 2.1 TITLE | | Change Addition |
| NAME | UDATTOOUL OABOLUM | | | 2.2 NAME | | Second of the se |
| STREET ADDRESS | 7917 FISHER ISLAND | | 2.3 STREET ADDRESS | | ADDRESS | |
| CITY-ST-ZIP | FISHER ISLAND FL | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | B.D. | | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COTTLED MADY M | | | 3.2 NAME | | |
| STREET ADDRESS | 7911 FISHER ISLAND DRIVE | | 3.3 STREET ADDRESS | | ADDRESS | |
| CITY-ST-ZIP | FISHER ISLAND FL | | 3.4. CITY-ST-Z | | | |
| TITLE | | | 4.1 TITLE | | 1-211 | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAM | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 City | | | |
| TITLE | <u></u> | DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAM | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CiTY+ST-ZiP | | | 5.4 CITY | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAM | | ŀ | Second VIIII & Value |
| STREET ADDRESS | | | | | ADDRESS | j |
| CITY-ST-ZIP | | | 6.4 CITY | | | |
| 14. Ldo hereby | y certify that the information supplie | d with this filing does not qualify | y for the e | von | motion of | tated in Section 119.07(3)(i), 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 Ah attachment with an address. | | | | | | |
| Maria Cara Cara Cara Cara Cara Cara Cara | | | | | | |

SIGNATURE:

Mary Coulant Mitthewaler