


FILE NOW: FILING FEE IS \$61.25

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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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 A ASSOCIATION, INC.



Principal Place of Business Mailing Address
**ONE FISHER ISLAND DRIVE
1 FISHER ISLAND DR.
FISHER ISLAND FL 33109
US**

3. Date Incorporated or Qualified
02/07/1990

4. FEI Number **65-0173588**
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**COTTLER, MARY M
7911 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109**

10. Name and Address of New Registered Agent
81 Name **RAY LARSEN**
82 Street Address (P.O. Box Number Is Not Acceptable) **7914 FISHER ISLAND DRIVE**
83
84 City **FISHER ISLAND** FL 85 Zip Code **33109**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKDEN, LEONARD	1.2 NAME	CHAROLIS, WILLIAM
STREET ADDRESS	7962 FISHER ISLAND DRIVE	1.3 STREET ADDRESS	7952 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND FL	1.4 CITY-ST-ZIP	FISHER ISLAND, FLA
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFTSOW, CAROLYN	2.2 NAME	
STREET ADDRESS	7917 FISHER ISLAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTLER, MARY M	3.2 NAME	RAY LARSEN
STREET ADDRESS	7911 FISHER ISLAND DRIVE	3.3 STREET ADDRESS	7914 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND FL	3.4 CITY-ST-ZIP	FISHER ISLAND, FLA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ **1/20/98**

CR2E037 (10/97)