

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

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90079 003 ****61.25

DOCUMENT # N36502

1. Entity Name
OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO.
TWO ASSOCIATION, INC.



Principal Place of Business
ONE FISHER ISLAND DRIVE
1 FISHER ISLAND DR.
FISHER ISLAND, FL 33109 US

Mailing Address
ONE FISHER ISLAND DRIVE
1 FISHER ISLAND DR.
FISHER ISLAND, FL 33109 US

40032774



02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0173588

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 W FLAGLER ST
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 PD
NAME LARSEN, RAY
STREET ADDRESS 7914 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND, FL

TITLE TD
NAME GERSTEIN, GARY
STREET ADDRESS 7965 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND, FL 33109

TITLE SD
NAME KATZ, MICHAEL
STREET ADDRESS 7955 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND, FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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