

DOCUMENT # N40552

1. Entity Name

OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. THREE

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-03-2000 90264 011 ****61.25

Principal Place of Business C/O ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Mailing Address C/O ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	APPLIED FOR	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

NORKIN, MURRAY
 7851 FISHER ISLAND DR.
 FISHER ISLAND FL 33109

7. Name and Address of New Registered Agent

Name: ALFRED ESTRADA
 Street Address (P.O. Box Number is Not Acceptable): 7852 FISHER ISLAND DR. ORLANDO
 City: FISHER ISLAND FL Zip Code: 33109

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NORKIN, MURRAY	
STREET ADDRESS	7851 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESTRADA, ALFRED	
STREET ADDRESS	7852 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NORKIN, MURRAY	
STREET ADDRESS	7851 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTRADA, ALFRED	
STREET ADDRESS	7852 FISHER ISLAND DR. ORLANDO	
CITY-ST-ZIP	FISHER ISLAND, FL 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARON, LOUIS	
STREET ADDRESS	7821 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND, FL 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1040552

D0032273

Check Number
Date
Tax Period
Type of Tax

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 65-0228678 262509

OCEANSIDE AT FISHER ISLAND- Condo #3
% KENNETH L BROWN TREAS & DIRECTOR
ONE FISHER ISLAND DR
MIAMI FL 33109-0001

PS USE ONLY

<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042	
<input type="checkbox"/> 940		

62

18 3 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)