

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90230 012 ****61.25

40096089



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0228678

Applied For
Not Applicable

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

DOCUMENT # N40552

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



Principal Place of Business
ONE FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

Mailing Address
ONE FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

2. Principal Place of Business - No P.O. Box #

41221 Fisher Island Dr.

Suite, Apt. #, etc.

C/O AKAM-ON-SITE

City & State

Fisher Island, FL

Zip
33109

Country

3. Mailing Address

41221 Fisher Island Dr.

Suite, Apt. #, etc.

C/O AKAM-ON-SITE

City & State

Fisher Island, FL

Zip
33109

Country

6. Name and Address of Current Registered Agent

HYMANN, MICHAEL
150 WEST FLAGLER STREET
MIAMI, FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Michael Hyman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KORMAN, BERNARD
STREET ADDRESS 7812 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND, FL 33109

☐ Delete

TITLE TD
NAME COHEN, RICHARD
STREET ADDRESS 7813 FISHER ISLAND DR.
CITY-ST-ZIP MIAMI BEACH, FL 33109

☐ Delete

TITLE SD
NAME POGUE, GERARD
STREET ADDRESS 7851 FISHER ISLAND DR.
CITY-ST-ZIP FISHER ISLAND, FL 33109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: Bernard Korman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

305-673-5537

Daytime Phone #