## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40552

FILED Apr 27, 2009 Secretary of State

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

Current Principal Place of Business: 41221 FISHER ISLAND DRIVE C/O AKAM-ON-SITE FISHER ISLAND, FL 33109  Current Mailing Address:				New Principal Place of Business: 41213 FISHER ISLAND DRIVE C/O AKAM-ON-SITE FISHER ISLAND, FL 33109 New Mailing Address:									
							41221 FISHER ISLAND DRIVE C/O AKAM-ON-SITE FISHER ISLAND, FL 33109				41213 FISHER ISLAND DRIVE C/O AKAM-ON-SITE FISHER ISLAND, FL 33109		
							FEI Number	: 65-0228678	FEI Number Applied For ( )	FEI Nun	nber Not App	olicable ( ) Certificate of Status Desired (	)
Name and	d Address of	Current Registered Agent:		Name and	d Address of New Registered Agent:								
HYMANN, MICHAEL 150 WEST FLAGLER STREET MIAMI, FL 33180 US				HYMAN, MICHAEL ESQ 150 WEST FLAGLER STREET MIAMI, FL 33180 US									
	e named entity e of Florida.	submits this statement for the	purpose o	t changing i	its registered office or registered agent, or	both,							
SIGNATURE: MICHAEL HYMAN					04/27/2009								
	Electro	onic Signature of Registered Ag	jent		Date								
OFFICER	S AND DIREC	CTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRE	СТО							
Title: Name: Address: City-St-Zip:	PD ( KORMAN, BE 7812 FISHER FISHER ISLAI	ISLAND DR		Title: Name: Address: City-St-Zip:	()Change ()Addition								
Title: Name: Address: City-St-Zip:	TD ( COHEN, RICH 7813 FISHER MIAMI BEACH	ISLAND DR.		Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition SMITH, STAN 7872 FISHER ISLAND DR. MIAMI BEACH, FL 33109								
Title: Name: Address: City-St-Zip:	POGUE, GER 7851 FISHER			Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition POGUE, GERARD 7851 FISHER ISLAND DR. FISHER ISLAND, FL 33109								
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	DR ( ) Change (X) Addition COHEN, RICHARD 7813 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109								
	(	) Delete		Title: Name:	DR ( ) Change (X) Addition NEFF, JAMES								

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD KORMAN PD 04/27/2009