

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50952 (3)

1. Corporation Name

OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ONE FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

ONE FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
04/28/1995

21. Principal Place of Business
Suite, Apt. #, etc.

2a. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
65-0360806

Applied For
Not Applicable

22. City & State
Zip Country

27. City & State
Zip Country

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

23. City & State
Zip Country

28. City & State
Zip Country

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

24. City & State
Zip Country

29. City & State
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, JEFFREY R.
ONE FISHER ISLAND DRIVE
FISHER ISLAND FL 33109**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEFFREY R.	1.2 NAME	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FISHER ISLAND FL 33109	1.4 CITY - ST - ZIP	33109
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEIWEISS, JERRY	2.2 NAME	RICHARD VOELL
STREET ADDRESS	ONE FISHER ISLAND DRIVE	2.3 STREET ADDRESS	7214 FISHER ISLAND DR.
CITY - ST - ZIP	FISHER ISLAND FL	2.4 CITY - ST - ZIP	FISHER ISLAND, FL 33109
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMAR, JOSEPH M	3.2 NAME	MICHAEL POSEY
STREET ADDRESS	ONE FISHER ISLAND DRIVE	3.3 STREET ADDRESS	ONE FISHER ISLAND DR.
CITY - ST - ZIP	FISHER ISLAND FL	3.4 CITY - ST - ZIP	FISHER ISLAND, FL 33109
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jeffrey R. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

305-535-

Date

Day/Time Phone #

CR2E037 (12/95)