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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

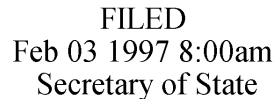
Principal Place of Business

N50952

(3)

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

Mailing Address





ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109				ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109-0001									
									3. Date Incorporated or Qualified 09/22/1992		te of Last)2/26/1 5		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		/	Applied For	
21				26					65-0360806		······	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Regulred	
City & State				City & State					6. Election Campaign Financing				
23				[28]				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			Zip Country			This corporation has liability for intangible tax under s. 199.032,						
9. Name and Address of Current I				29 30				Florida Statutes Yes No					
	9. Name	and Address of Ci	urrent Regis	itered Agent		81	1		10. Name and Address of New Re	gistered A	gent		
4411.50	(FFFDE)/ I	•				01	Name						
MILLER, JEFFREY R.						82	Street	Street Address (P.O. Box Number is Not Acceptable)					
ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109				-						·····			
FIGHER IOLAND I E 33 103				1									
						84	City			FL	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 617	.0502 and €	17.1508, Florida Statu	ites, the a	bovi	e-named	corpo	oration submits this statement for the pon's board of directors. I hereby accep	urpose of	changing	its registered	
office or r agent. La	registered ag ım familiar wi	jent, or both, in the : th, and accept the i	State of Flori obligations o	da. Such change was f, Section 617.0503, F	authorize Iorida Stat	d by tutes	y the cor s.	poratio	on's board of directors. I hereby accep	t the appo	ointment a	s registered	
SIGNATURE		,	Ū	,			-						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered							ent skonatur	e tequired	d when reinstating)	DATE			
12.	00	OFFICER	CTORS DELETE				1	ADDITIONS/CHANGES TO OFFIC					
NAME	PD	JEFFREY R.		TT DETEIL	1.1 ()						Change	Addition	
STREET ADDRESS		SHER ISLAND DR	\/E		1.2 N		*********						
CITY - ST - ZIP	FISHER	ISLAND FL 5	3109				ADDRESS						
TITLE	TD	IODANO IL OI		DELETE	21 TI		ST-ZIP)			Change	Addition	
NAME		RICHRAD		7	22 N			RA	ORIGUEZ, MARC 215 FISHERIS	DS 6	S S S S S S S S S S S S S S S S S S S		
STREET ADDRESS		SHER ISLAND DR	IVE		2.3 \$	FREET	ADDRESS	7.	215 FISHERIS	LAN	UD L	DR.	
CITY-ST-ZIP	FISHER	ISLAND FL			2.40	ITY-	ST-ZIP	F	ISHER ISLAND,	FL	33/	09	
TITLE	SD			DELETE	3.1 TI						☐ Change	Addition	
NAME		MICHAEL			3.2 N	AME		İ					
STREET ADDRESS		SHER ISLAND <u>D</u> R			3.3 S	REET	ADDRESS		•				
CITY-ST-ZIP	FISHER	ISLAND FL 🗷	3109		3.4. 0	ITY-S	ST-ZIP	<u> </u>					
TITLE			•	DELETE	4.1 Ti	TLE					Change	☐ Addition	
NAME					4. 2 N	AME							
STREET ADDRESS					4.3 \$1	REET	ADDRESS						
CITY-ST-ZIP				Driete	4.4 CI		T-ZIP	 			1 5		
TITLE				DELETE	5.1 TI						Change	Addition	
NAME STREET ADDRESS					5.2 N/		1885						
STREET ADDRESS							ADDRESS						
CITY-S1-7IP TITLE				☐ DELETE	5.4 CI 6.1 TI		i - ZiP	 			Change	Addition	
NAME					6.1 N						LL UTAITIQE	M VOORIOU	
STREET ADDRESS							ADDRESS						
City-ST-ZIP					6.4 C								
	by certify that	t the information su	oplied with the	nis filing does not qua	lify for the	exe	mption :	stated i	n Section 119.07(3)(i), Florida Statutes	Lfurther	certify the	t the	

4. I do 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 annual report or suppliemental 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 fig 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.

SIGNATURE:

IGNATURE AND TVER OR POINTED HAVE OF FIGURE OF FIRE OR DIRECTOR

7/ 3/5335ba/