

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50952 (3)**  
 1. Corporation Name  
**OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.**



Principal Place of Business <b>ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109</b>	Mailing Address <b>ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109</b>
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3. Date Incorporated or Qualified <b>09/22/1992</b>	
4. FEI Number <b>65-0360806</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**MILLER, JEFFREY R.  
 ONE FISHER ISLAND DRIVE  
 FISHER ISLAND FL 33109**

10. Name and Address of New Registered Agent  
 81 Name **POSEY, MICHAEL**  
 82 Street Address (P.O. Box Number is Not Acceptable) **ONE FISHER ISLAND DRIVE**  
 83  
 84 City **FISHER ISLAND** FL 85 Zip Code **33109**

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 **MICHAEL F. POSEY PRES/DIR** DATE **01/20/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD MILLER, JEFFREY R. ONE FISHER ISLAND DRIVE FISHER ISLAND FL	<input checked="" type="checkbox"/>
TITLE	TD RODRIGUEX, MARCOS A 7215 FISHER ISLAND DRIVE FISHER ISLAND FL	<input checked="" type="checkbox"/>
TITLE	SD POSEY, MICHAEL ONE FISHER ISLAND DRIVE FISHER ISLAND FL	<input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PO POSEY, MICHAEL ONE FISHER ISLAND DRIVE FISHER ISLAND, FLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	SD WILSON, DENISE ONE FISHER ISLAND DRIVE FISHER ISLAND, FLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	TD PRAETSKY, DAVID 7215 FISHER ISLAND DRIVE FISHER ISLAND, FLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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: **[Signature]** DATE: **01/20/98**

CR2E037 (10/97)