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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50952

1. Corporation Name

OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. FIVE 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/22/1992

4. FEI Number

65-0360806

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

POSEY, MICHAEL  
ONE FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent

81 Name DAVID PARESKY  
82 Street Address (P.O. Box Number is Not Acceptable) 7212 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: [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, DENISE	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARETSKY, DAVID	
STREET ADDRESS	7215 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POSEY, MICHAEL	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SB BOBBIE BEAKMAN
1.3 STREET ADDRESS	7262 FISHER ISLAND DRIVE
1.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RD DAVID PARESKY
2.3 STREET ADDRESS	7212 FISHER ISLAND DRIVE
2.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD RICHARD VOELL
3.3 STREET ADDRESS	7214 FISHER ISLAND DRIVE
3.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-582-344  
1/30/99

CR2E037 (1/98)